#### IN THE UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

GALDERMA LABORATORIES, L.P. : Civil Docket 21-CV-1710

and TCD ROYALTY SUB LP

Trial Day One

V. Morning Session

LUPIN INC. and LUPIN LIMITED: Civil Bench Trial

#### BEFORE THE HONORABLE STEPHANOS BIBAS

James A. Byrne U.S. Courthouse

601 Market Street Philadelphia, PA 19106

January 9, 2024 at 8:30 a.m.

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# INDEX TO WITNESSES

WITNESS:	EXAMINATION
DR. EDWARD RUDNIC By Mr. Cochran By Mr. Rakoczy	52, 245 167
MAKARAND AVACHAT By Mr. Rakoczy By Mr. Cochran	329 366
VIVIAN GRAY By Mr. Jaros By Mr. Flattmann	376 412
DR. GRAHAM BUCKTON By Mr. Jaros By Mr. Flattmann	467 613
DR. EDWARD RUDNIC On Rebuttal By Mr. Cochran	658

# INDEX TO EXHIBITS

NUMBER	ADMITTED
PTX-001	79
PTX-002	79
PTX-049	131
PTX-136	97
PTX-137	66
PTX-143	62
PTX-145	66
PTX-149	69
PTX-162	85
PTX-163	63
PTX-175	86
PTX-176	75
PTX-184	91
PTX-185	91
PTX-186	91
PTX-187	91
PTX-190	127
PTX-191	72
PTX-194	110
PTX-198	87
PTX-202	107
PTX-214	60
PTX-223	121

# INDEX TO EXHIBITS

NUMBER	ADMITTED	NUMBER	ADMITTED
DTX-4.15 DTX-8 DTX-9 DTX-23 DTX-24 DTX-25 DTX-26 DTX-27 DTX-32 DTX-36 DTX-37 DTX-40 DTX-43 DTX-45 DTX-45 DTX-45 DTX-45 DTX-45 DTX-50 DTX-52 DTX-53 DTX-53 DTX-55 DTX-55 DTX-55 DTX-55 DTX-57 DTX-64 DTX-65 DTX-75 DTX-85 DTX-77 DTX-83 DTX-85 DTX-85 DTX-101 DTX-102 DTX-109 DTX-114 DTX-142 DTX-141 DTX-142 DTX-141 DTX-142 DTX-148 DTX-151 DTX-182	387 613 300 334 335 356 613 518 300 497 389 388 559 388 500 300 508 613 527 613 351 362 363 404 613 351 363 430 430 430 430 430 430 430 430 430 43	DTX-200 DTX-284 DTX-313 DTX-398 DTX-401 DTX-402 DTX-405 DTX-420 DTX-422 DTX-479 DTX-588 DTX-604 DTX-605 DTX-606 DTX-607 DTX-611 DTX-613 DTX-614	613 613 410 300 300 300 300 572 572 349 353 348 474 380 365 456

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08:31:19AM **24** 

08:31:23AM **25** 

(Tuesday, January 9, 2024 at 8:30 a.m.)

THE COURT: Good morning. This is the United States
District Court for the District of Delaware. And we're in Case
Number 21-CV-1710. Galderma Laboratories versus Lupin.

Plaintiffs' counsel, please enter your appearances.

MR. TIGAN: Good morning, Your Honor. My name is Jeremy Tigan. I'm with Morris, Nichols in Wilmington on behalf of the Plaintiffs. I am joined by my co-counsel today from the Cahill Gordan firm. At counsel table I have Gerald Flattmann and Andrew Cochran, and our broader team is in the back. Our client representatives are here as well, David Banchik and Alyssa Klapper.

THE COURT: Good morning. And for the defense?

MS. HANEY: Good morning, Your Honor. Megan Haney from Phillips, McLaughlin & Hall in Delaware. And I am joined today by Bill Rakoczy, Joe Jaros, Katie Boda, and Adrianne Rose, all from Rakoczy, Molino, Mazzochi, Siwik in Chicago. And our representative is also here.

THE COURT: Good morning. So the most important person in the room is the court reporter. Can you hear everything okay? Is the audio working fine for you?

THE COURT REPORTER: Yes.

THE COURT: Please, if you have any problems, don't hesitate to speak up, raise your hand, or go over things again to make sure we've got a good record.

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And so we have a 10-hour per side civil bench trial and we're starting now. We will take a midmorning break, 15 minutes. We'll take a lunch break of no more than an hour. We'll take another midafternoon break. We'll adjust the closing time to what makes sense rather than breaking in the middle of a witness or starting a witness for 5 or 10 minutes, have some flexibility. Let's see if we can get this wrapped up in 3 days. I believe both — each side wants to present an opening statement.

Are there any preliminaries before we get to openings?

MR. JAROS: Yes, Your Honor. We had two objections to

Plaintiffs' opening exhibits under the pretrial order. We are to

make those before their statement begins.

THE COURT: Okay. Great. So we have to deal with that substantively. Procedurally or mechanically, for your tech people, are there any -- I take it that any exhibits that you're presenting are going to show on that screen as well as these screens? We'll certainly let you know if there are any issues with that.

why don't you remind me of the substance of your objections to the exhibits. These are demonstrative exhibits; correct?

MR. JAROS: They are. So they are Plaintiffs' opening statement demonstratives. And we have not filed these with the Court. They were exchanged last evening --

THE COURT: Right.

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MR. JAROS: -- so I can address those.

THE COURT: Please.

MR. JAROS: May I use the podium?

MR. FLATTMANN: Your Honor, if it would be helpful, I can hand a full set of exhibits up to the Court so that --

THE COURT: Please do.

MR. FLATTMANN: -- you can follow along.

THE COURT: It would be very helpful if you have a binder with a set of exhibits or anything like that to hand up. If there's an extra one for my clerk.

MR. FLATTMANN: May I approach?

THE COURT: Please.

MR. FLATTMANN: Is two sufficient, Your Honor, or would you like one for the -- would the court reporter like one as well?

THE COURT: Would the court reporter like one?

THE COURT REPORTER: If you have an extra one.

THE COURT: Is there a set for the defense?

MR. JAROS: May I proceed?

THE COURT: Yes.

MR. JAROS: Your Honor, the first of our objections are with respect to Plaintiffs' PDX Slide 27 and 28. Very simply, those refer to a new publication called Schneider. You can see the name of that article in italics on Slide 27.

In this case, Your Honor, their lead expert identified

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the pH of the stomach as an issue early on. In his opening report, he addressed it and cited publications in his reply report. Because they got the last word, he addressed it again. In deposition, I asked him several questions about that area of the case, the pH of the stomach.

In response to a couple of those questions, he was instructed not to answer, With respect to the results of his searches for publications with respect to the pH of the stomach. He accepted that instruction. And then about a month and a half later, we received this publication Schneider in November. So it was after the deposition, after the filing of the statements of fact with the Court.

And our position is that's too late. This is well within the scope of the subject matter, both his opening and reply report. It was addressed in deposition but he was instructed not to answer as to what he found. And this publication appears to be what he found and was disclosed a month and a half later.

THE COURT: Counsel, why are you instructing your witnesses not to respond other than privilege?

MR. FLATTMANN: My understanding is he was not instructed not to respond, Your Honor, When he was asked questions about cited literature, which noted that the pH of the stomach under the appropriate conditions would be about 4.5. He relied on an article, in fact, and this is simply a second

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article. He was asked whether there were any other articles. And this is one that he found later after the deposition, after being asked whether or not he was aware of any other cited literature.

advisement. If by the break -- and by the way, I'm going to try to not deal with these issues during the flow of the testimony but at the breaks. But if you want to point me to where in the deposition he was instructed not to answer anything like that, if you've got a transcript, it should be in the transcript. And you can show that to me.

MR. JAROS: Yes, Your Honor. We have the transcript ready. We can put it on the screen.

THE COURT: Please.

MR. JAROS: So focusing first on Page 55, Line 17. I asked their expert, Dr. Rudnic. "In preparing your opinions in this case and the Lupin case, did you search for peer reviewed literature stating that a pH of 4.5 is a fasted gastric condition?" The instruction was he could answer yes or no based on privilege. He answered yes. I asked the question, "Did you find any such peer reviewed publications?" And he was then instructed not to answer the question and he followed that instruction.

And then I asked, "To be clear, do you believe you cited in either of your reports in this case a peer reviewed

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publication, whether the author stated a pH 4.5 is a fasted gastric condition?" Answer, "Not in this case."

Our view is, Your Honor, that was his last chance to identify this publication, and it didn't come in until a month and a half later so it should be excluded.

THE COURT: After the expert report deadlines and rebuttal reports?

MR. JAROS: Yes. So this is his deposition came in -this is September 1. We received this publication in November.

THE COURT: Okay. That's untimely. What's your response?

MR. FLATTMANN: Your Honor, we can find the complimentary part of this transcript, but he did talk about peer reviewed literature in this very same deposition, including the Kalantzi article.

THE COURT: Okay. But not the Schneider one?

MR. FLATTMANN: He did not mention that during his deposition. He did find that subsequent to his deposition upon being asked these questions about the cited literature in which promptly produced to Lupin in this case. Also, it's an article that we would potentially intend to use on cross-examination in this case for the very same point.

THE COURT: It does seem like he's already got Kalantzi and some other articles may wind up being cumulative and not really matter here. Does it matter?

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MR. JAROS: It matters, Your Honor, because I did not have the opportunity to cross-examine him on the substance of that publication. It's relatively complex. It includes a number of graphs. Had I had notice even a couple days before the deposition, I could have absorbed it and examined him on it. But he had two shots with his opening and reply report and then could have disclosed it before the deposition if they had found it. And they instructed him not to answer as to what he did find when he went to go look for something.

THE COURT: Why in the world is this privileged? What's the plausible basis for finding an article being privileged?

MR. FLATTMANN: Your Honor, I don't think that this precise question about whether it's cited literature is privileged.

THE COURT: I am going to bar it. I am going to bar it. These kind of games about objections at depositions, I won't stand for that.

MR. FLATTMANN: Your Honor, may we have an opportunity at the break to look at the further context in the deposition?

THE COURT: You may.

MR. FLATTMANN: I believe there's a valid answer to this.

THE COURT: You may but you shouldn't go around trying to block this kind of thing from an expert privilege. It's not

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right. And the discovery timeline depends on moving promptly.

This is not a good faith basis for privilege. All right. Please proceed.

MR. JAROS: Second objection, Your Honor, is with respect to Plaintiffs' demonstrative Slide 20. On that slide, there are two parts. If you have it in front of you, we can also put it up on the screen. But on the left-hand side, there's a bell curve. On the right-hand side, there's text. We have no problem with the text. That was disclosed fairly. Our problem —

THE COURT: This is Slide 20, you say?

MR. JAROS: Yes, Your Honor. We are not objecting to the text on the right. That was disclosed. On the left, there is a bell curve that represents again the same experts theory as to the distribution.

THE COURT: Is there any evidence that this follows the normal distribution basis for this?

MR. JAROS: There is not. And I am not sure that's a normal distribution. It was called a bell curve in the deposition. So similar concept, Your Honor. This bell curve concept was not disclosed in an opening report, not disclosed in a reply report. It was simply mentioned in the context of deposition when I learned for the first time he had two theories, number one, all the beads are bad. Number two, some of the beads are bad.

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During the deposition, he dropped the all the beads are bad argument and went with the some of the beads are bad. And then we received this a couple days ago, a bell curve representing that some of the beads are bad. So same thing. I did have a chance to examine --

THE COURT: But he mentioned bell curve?

MR. JAROS: He used the word bell curve.

THE COURT: Yeah, this is a close enough approximation if I take it as not to scale necessarily. It just visualizes what he said there. Now, you are entirely entitled to point out how little basis he has for the bell curve. But I will take it for what it is. It's not to scale. It's not to -- it's just like it's visually representing what he said at the deposition.

And since it was mentioned at the deposition and there's no objection here going into the deposition, I am going to allow it. But with an appropriate caveat that I am not supposed to understand that this is the precise scale or shape.

MR. JAROS: I believe I understand, Your Honor. So essentially this is a demonstrative. This is a cartoon.

THE COURT: It's a demonstrative cartoon. It's not like I can measure the height and width precise conclusions from it.

MR. JAROS: With that, Your Honor, as pure demonstrative, we understand, we will withdraw the objection. Thank you.

THE COURT: Anything else? All right. Plaintiffs please begin. Let's start the timer.

MR. FLATTMANN: Thank you, Your Honor. Gerald Flattmann on behalf of the Plaintiffs. Your Honor, this case is about the Chang patents that cover the Oracea product. And by way of a brief background, Oracea is a once-daily doxycycline that's indicated for the treatment of inflammatory lesions, papules, and pustules of rosacea in adult patients. Now there's no dispute that Lupin's proposed generic product works for that indication.

In fact, the FDA has tentatively approved Lupin's ANDA for that very purpose. Now the Oracea patents that are at issue in this trial are the Chang patents, specifically the 532 and 740 patents. And those patents cover Oracea's unique once-daily formulation of doxycycline designed to maintain blood levels of doxycycline between specific thresholds to achieve the goal of providing therapeutic efficacy without antibiotic effects.

And the way to achieve that goal was to formulate Oracea with 30 milligrams of immediate release or IR and 10 milligrams of delayed release or DR components. And indeed, in 2002, Galderma's predecessor, CollaGenex Pharmaceuticals, commissioned a study to determine doxycycline's absorption window in the body. And it tested different ratios, including 40 milligrams of immediate release product and it conducted in silico simulations that through that testing determined that a 30

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to 10 immediate release to delayed release ratio could best achieve the inventor's goal of maintaining those blood levels.

Now, Your Honor, these are battle-tested patents and they've been in litigation time and time again.

THE COURT: Chang patents are 532 and 740?

MR. FLATTMANN: Yes, Your Honor. There's been over a decade of challenges to the Chang patents and emerged unscathed every time. So the Mylan case, the first one on this list, went to trial back in July of 2011. And in that trial, Judge Stark heard several of the very same arguments that Lupin is going to attempt in this trial.

But Myl an was held to infringe the 532 Chang patent. And then the original Lupin patent challenges rose or fell on the result of the Myl an case.

THE COURT: But there's no argument that I'm estopped or any kind of estoppel that would apply to Defendants or anything else. I'm deciding this anew; correct?

MR. FLATTMANN: That's correct. You are deciding this anew on the facts. But you are going to see analogous patterns and fact patterns and --

THE COURT: That's fine if I'm persuaded, but you're not arguing that I'm bound.

MR. FLATTMANN: That's correct, Your Honor. That's correct. And in the Sandoz action, Sandoz walked away from the litigation and then pulled its Paragraph IV certification.

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Dr. Reddy's dropped its challenges to the Chang patents, and then there were several cases against Amneal.

THE COURT: Did any of this involve any numbers near 22 and 18?

MR. FLATTMANN: Well, yes. For instance, in the most recent and relevant one, Amneal reformulated its proposed ANDA product with attorney help, as Lupin has done here, and it's certified under Paragraph IV. Initiating a litigation that was tried by Judge Stark back in 2018 and notwithstanding the product superficially different look from formulation 38 milligrams in that case of doxycycline pellets and doxycycline delayed release layer of 2 milligrams. So even a starker difference in some of the components.

Galderma proved infringement under the doctrine of equivalents there. And then there was the Sun case which is also similar where Sun superficially attempted to design around the asserted claims and Sun had formulated a bilayer tablet that had 26.4 milligrams of doxycycline in one layer and 13.6 milligrams in the other.

And Judge Stark found that Sun's product infringed both of the patents literally and under the doctrine of equivalents despite the superficial differences just like we see here or labeling differences I might call them. Where are we now? Lupin's ANDA is latest in the long line of design around these asserted claims. And it's just the third in a series of attempts

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to evade the claims of the Chang patent with a cleverly disguised a functionally viable product. And I submit to you that you will reach the same conclusion as your predecessor in Amneal and Sun case when you hear the evidence and the proofs from Lupin's own ANDA application to the FDA.

THE COURT: Lupin is not a predecessor in interest or otherwise connected to any of those other Defendants?

MR. FLATTMANN: Not to my knowledge. You will hear testimony from Plaintiffs' expert, Dr. Edward Rudnic. Dr. Rudnic is an expert in the invention, design, development, testing, manufacture, and commercialization of drug products, including pharmaceutical formulations. And he's notably the designer and developer of Adderall XR, another well-known and a lot of other commercial drug products.

Your Honor, there's a single issue to be tried in the case and that's whether Lupin infringes asserted claims of the Chang patent. And in this case, it's about infringement. As we know, it's not about invalidity or enforceability.

THE COURT: And you are not really arguing that there's much of a difference between the 532 and 740. These probably stand to fall together.

MR. FLATTMANN: Similar patents. One or two minor differences. For instance, some of the claims require enteric coating and some don't but otherwise they are essentially the same. And notably Lupin's arguments are not going to be anything

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new. They have been heard in many other forms and at least those other two cases that I mentioned have been essentially rejected.

Your Honor, Lupin infringes the Chang patents and the evidence will show that their product literally infringes and its product is at least equivalent under the doctrine of equivalents to a once a day 40 milligrams product consistent with 30 milligrams immediate release portion and a 10 milligram delayed release portion.

The evidence will show that Lupin's ANDA product is a result of Lupin's deliberate tests to copy the Chang patents. In fact, Lupin intentionally engineered its product to release about 30 milligrams or 75 percent immediate release and about 10 milligrams or 25 percent at a later time following oral administration.

THE COURT: As I understand it, your case rises or falls on whether I credit that there is, in fact, a second 8 milligrams immediate release portion.

MR. FLATTMANN: whether or not what they called delayed release has another 8 milligrams of immediate release.

THE COURT: That is the factual issue that I am here to decide.

MR. FLATTMANN: Yes, Your Honor. Yes, Your Honor. Whether that 8 milligrams contributes to the immediate release is part of it. Lupin will argue that because its label states nominally different composition ratio, that its product doesn't

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infringe, the Chang patents and Amneal and Sun, same argument that was rejected. So the evidence will show right out of Lupin's ANDA that its product release is about 30 milligrams of doxycycline immediately from combination of what it calls immediate release portion and what it calls its delayed release portion. That's really the point here.

And immediate releases 22 milligrams from so-called immediate release portion and about 8 milligrams from its so-called delayed release portion, as those terms have been construed by this Court. Whatever Lupin labels its delayed release portion doesn't change the fact that it functions to release.

THE COURT: I understand this to be a case over the facts. I don't understand there to be a real dispute about the law or the doctrine of equivalents here. Am I right?

MR. FLATTMANN: I think you are correct. Nor is there a dispute about the construction of the claims as Your Honor and your predecessors have construed the claims functionally to reflect what actually ends up happening in the body.

So here is just a mathematical type of representation of what we just discussed together. The evidence will show that Lupin's ANDA product contains this first pellet which contains immediate release doxycycline and second pellet which contains both immediate release and delayed release doxycycline. And more specifically, it will show that Lupin's second type of pellet or

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what they called delayed release portion is actually composed of immediate release and delayed release parts. That's the factual question here.

The immediate release part of the second pellet equals 8 milligrams, and the delayed release equals 10 milligrams. So if you do the math, the sum total of the amount of immediate release in Lupin's product is 30 milligrams and the total amount of delayed release in Lupin's ANDA product is 10 milligrams. So the math doesn't lie ultimately.

THE COURT: So if 8 of the 18 nominally delayed release is functional immediate release, then these numbers add up.

MR. FLATTMANN: Exactly. In any event, our point is that Lupin's product is at least insubstantially different. That's where we get to the doctrine of equivalents if we need to get there.

It's insubstantially different from a 30 milligram immediate release portion and a 10 milligram release portion as claimed. That's because the evidence will show the ANDA product performs substantially the same function in substantially the same way to achieve substantially the same result.

THE COURT: Okay. So for other than immediately following that's already been construed to be about half an hour for the way your theory is that the enteric coat is deliberately thin and weak enough to result in functionally released within half an hour and then the result is obvious in terms of

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bioequivalence.

MR. FLATTMANN: That's exactly correct, Your Honor. So notably the FDA has already tentatively approved Lupin's product as bioequivalence and the evidence will show it's not just bioequivalence. It's bioequivalence because it works in substantially the same way as I think Your Honor has followed the line of the argument in the prior slide which also makes it equivalent under the doctrine of equivalents.

so let's walk through the proofs briefly. The evidence will show that Lupin meets the claim element, 30 milligrams immediate release either literally or under the doctrine of equivalents. And that's because upon ingestion, Lupin's ANDA product immediately releases the 22 milligrams of immediate release. And that's in the portion it calls immediate release. They don't dispute that. So we are at least that far along.

And then Lupin's ANDA product immediately releases about 8 milligrams from its so-called delayed release. And how do we know that? First, the evidence will show that what Lupin calls its delayed release portion was intentionally designed with a weak enteric coat.

And second, the evidence will also demonstrate that Lupin's ANDA product with its weakly-designed enteric coat functions to create a 30 milligram immediate release portion and 10 milligram delayed release portion.

And third, the design and function of Lupin's ANDA

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product will demonstrate that it infringes.

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So as mentioned, Dr. Rudnic will testify about the design of Lupin's ANDA product. He will explain that Lupin made two choices to ensure that its enteric coat prematurely and immediately releases. First, it used methylene chloride in its manufacturing process. And second, it used a remarkably low percent weight gain of the enteric coat stage, very thin coat. And he will testify about how those two manufacturing choices amounted to a compromised and weak enteric coating that leaks.

This is from Lupin's own documents that you will see in the course of Dr. Rudnic's testimony. Lupin's decision to use methylene chloride was deliberate. It's a highly toxic solvent that's virtually outlawed in the United States.

Dr. Rudnic will testify that the properties of methylene chloride, which is a non-aqueous solvent layer, that alternates in Lupin's product with an aqueous solvent layer, is to create a leaky coat.

He will explain how those are not compatible layering processes in manufacturing a drug. He will explain that by layering its drug product that way, Lupin compromises not only the integrity of each of those deposited layers of methylene chloride in the aqueous coat but also the ability of the layers to adhere to one another, including at the interface of those enteric coats. And Lupin did this to ensure that some of the

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doxycycline in what it calls its delayed release portion would leak immediately upon oral administration. And it does leak. Now in contrast, for instance, Oracea uses aqueous solvents only.

Here are cross sectional scanning electron microscope images of Oracea compared to samples from Lupin's late manufactured R&D product that show the difference. As you can see, and Dr. Rudnic will testify, Lupin's samples are stratified at the interface between the layers whereas the Oracea product shows no such defect.

Next slide, please.

Dr. Rudnic will further testify that Lupin selected a percent weight gain at the enteric coat stage that was intentionally weak and caused the subset of the pellets to leak. He will explain that the percent weight gain as a measure of how much of the enteric coat is applied to the entire pellet population is very low.

And as it accounts for the entire pellet population, the enteric coat thickness will not be exactly the same for every pellet. The coatings on each pellet will be dictated by a standard distribution curve, and some pellets may receive a satisfactory coat but a subset of them will not and those will leak immediately.

Dr. Rudnic is going to discuss how Lupin's intentional selection of an 18 percent weight gain at the enteric coat stage ensures that the coat will leak and that some of the delayed

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release portion will leak immediately. And simply put, the Lupin formulation, Lupin formulated its ANDA product to track Oracea's formulation very closely, including coating similar sized pellets with the exact same polymer Eudragit. But despite those similarities, it used 18 percent weight gain while Oracea uses 30 percent weight gain.

Dr. Rudnic will explain, based on the data, how Lupin's ANDA shows that an 18 percent weight gain is the thinnest coat that Lupin could possibly apply that would not result in detectible leakage during the in vitro dissolution test of pH 1.1, the quality control test. And he will explain that the 1.1 pH testing is not a physiological relevant set but it is a quality control measure that will show whether or not pellets will leak.

He will further explain that in his experience, the range of percent weight gains using the polymer are typically much higher than 18 percent and more in line with Oracea's 30 percent.

Next please.

Now, Lupin's ANDA product functions to release 30 milligrams of immediate release and 10 milligrams of delayed release. The deposition testimony from Lupin's lead formulator and corporate witness, Mr. Avachat, as well as the data in Lupin's ANDA will prove this.

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Notably, all of the data that Dr. Rudnic uses to form his opinions are found within Lupin's ANDA which was submitted to the FDA and confirmed as accurate by Lupin's lead formulator, Mr. Avachat. This is in contrast to what Lupin's experts will rely on here which are post hoc testing results from a batch of product that Lupin manufactured solely for purposes of this litigation and its infringement defense.

And even Lupin's expert, Dr. Buckton, agrees that the batch he relied on was manufactured solely for this litigation. It was never submitted to the FDA. It was never reviewed by the FDA.

Not only is that litigation driven batch and the results of this testing factually questionable, unreliable, and inconsistent with the data submitted to the FDA in Lupin's ANDA, it is clearly legally improper under the controlling Federal Circuit authority, namely the Sunovion case which we've cited.

That litigation inspired batch doesn't control the infringement inquiry. What Lupin has asked the FDA under oath to approve is the subject matter that controls the infringement inquiry in determining whether infringement has occurred.

Next slide, please.

Indeed, Mr. Avachat even testified that quote, "It doesn't matter what we did. What matters is what we filed, namely the ANDA." He further testified that Lupin quote, "Did whatever was required by the regulation to be equivalent in all

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aspects to Oracea." And he and Lupin succeeded.

Next, please.

As the Federal Circuit Authority dictates, the relevant data for purposes of determining infringement are the ANDA data that were actually submitted. Lupin's own data from its ANDA reveal how the product actually functions. Specifically, the in vitro dissolution data at the more physiologically relevant pH 4.5, which is the actual pH upon ingestion as indicated, controls and so does the in vivo.

THE COURT: Mysterious substance that doesn't dissolve with a highly acidic 1.1 but somehow dissolves at 4.5?

MR. FLATTMANN: Well, it's not a mystery because the pH 1.1 test is simply a quality control test. It uses the most extreme possible situation that could ever occur in the body if something contacted gastric juice, as opposed to the pH of the stomach, which ranges between 2.4 and 4.5, which it hits when you've had 240 mLs of water on a fasting stomach.

So yes, these are releasing at 4.5, which is the actual physiological relevant condition. 1.1 is a control test. It's an important test but it's a control test, quality control test.

So in getting to that on page -- Slide 26, please.

This is the Kalantzi article that I mentioned during argument earlier which Dr. Rudnic relied on in his report. And he'll explain that the FDA requires drinking 240 milliliters or about 8 ounces of water when conducting bioequivalence studies.

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And that's the same amount of water that Lupin used when conducting it's fasting bioequivalence protocol. That's not too surprising.

He'll explain how the scientific community articles like Kalantzi measured the pH of the fasting stomach under these same FDA mandated conditions and found it to be a pH of approximately 4.5 immediately after administration.

Let's go to 28.

So this is a slide from Lupin's own bioequivalence fasting study. And as you can see on the slide, Lupin's fasted state bioequivalence study involved the administration of 240 mLs of water to patients that fasted overnight, which necessarily would result in a gastric condition of pH 4.5, the relevant data here.

Next slide, please.

Dr. Rudnic will also explain that in the in vitro dissolution test data at 4.5, the data that was actually submitted to the FDA, that that data supports the 30 to 10 ratio here. And as you can see here, the mean release of Lupin's ANDA product in this bioequivalence test submitted to FDA, the lines overlap each other when you compare Lupin's bioequivalence PK values and blood values to Oracea's data. That's not surprising. It's a bioequivalence product and it's been approved.

And that's the same product that was -- that was exposed to pH 4.5. Same product and its bioequivalence matches

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right up. After exposure to pH 4.5, the mean release of Lupin's ANDA product is exactly 30 milligrams or 75 percent.

Next slide, please.

Dr. Rudnic will also explain that the individual data from the in vitro dissolution test at pH 4.5 supports a composition ratio of 30 to 10. And as you can see, Lupin's individual capsule data show release after exposure to pH 4.5 in the stomach whereas Oracea's delayed release portions do not. And not leaking.

The data here also show that Lupin - Lupin's ANDA Product release is more than just 22 milligrams immediately. That additional release to get to that 75 percent mean number in yellow, that additional release of 8 milligrams, it has to come from somewhere. And it comes from the so-called delayed release portion.

Dr. Rudnic will explain that Lupin's individual capsule data present a continuum of release profiles ranging from 55 to 85 percent at that 30-minute mark that we've been looking at. And they rely on that very variability, with some capsules bursting and some not, to achieve the mean release profile set by the profile here.

THE COURT: I thought that the definition of substantially all is within 30 minutes and yet your slide, 1.029, has 120 minutes plus another 30 minutes.

MR. FLATTMANN: Yes. So the timelines for the in vitro

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dissolution test are not directly comparable to what happens in the body. So here you're conducting an experiment. You're adding different media at different times in the in vitro dissolution experiment.

THE COURT: I got it. I got it. But you're having to translate what from in vitro --

MR. FLATTMANN: Dr. Rudnic is going to do a much better job of explaining that than I can.

THE COURT: Okay.

MR. FLATTMANN: Slide 31.

Dr. Rudnic will testify that the results of the fasted state bioequivalence studies of Lupin's ANDA product are virtually the same as we saw for the results for Oracea. They're undisputed 30 milligram immediate release and 10 milligram delayed release composition.

And the fact that the mean plasma concentrations of Oracea and Lupin's ANDA product have substantial overlap, you know, considering these data together, with all of the other evidence that Lupin submitted to the FDA, and it certified to be correct and accurate, shows that Lupin's ANDA product has that ratio, 30 to 10.

Let's put it all together in the context of patents.

Neither Lupin nor its experts dispute that Lupin's ANDA product meets all of the elements of the asserted claims, including the elements regarding having an immediate release portion and having

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a delayed release portion. The only dispute revolves around the claimed ratio.

Next, please.

In the Court's construction of the claimed term immediate release supports a finding of infringement because the term release imparts the functional limitations of claims, and the infringement inquiry must account for how the release impacts a subject's steady state blood levels in the body.

So based on all the evidence, Lupin's ANDA product releases 30 milligrams of doxycycline immediately to alter the subject's steady state blood levels. And that comes, again, from a combination of its 22 milligram immediate release portion and the 8 milligrams from the delayed release portion on average.

Next, please.

As a result of the immediate release of 30 milligrams of Lupin's ANDA product, 10 milligrams of doxycycline function to release at a time other than immediately following oral administration. That's what's left over. It's just the math. And that is, again, consistent with the Sun Court and this Court's construction of the term delayed release.

Now, the term — claimed term portion as conceptualized by the Sun Court and adopted by this Court, also supports a finding of infringement because the Sun Court elucidated that the term portion was a functional limitation, and in particular the term was construed to allow for any part of the claimed

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composition to contribute an immediate release or delayed release amount depending on the timing of that release.

So contrary to this and the Court's — and the Sun Court's understanding of the claim terms, Lupin had cited a different case and attempted to state that it is, in fact, analogous to the Reckitt Benckiser case that they brought to your attention, Your Honor.

But in that case, the Court construed the same term portion, they're completely different contexts, have an entirely different meaning. It construed the term "portion" to be structural and singular whereas in Sun, the Court construed portion to be functional and plural, the exact opposite. So as such, the Reckitt case does not control.

Lupin's ANDA product also infringes the Chang patents under the doctrine of equivalents because it's at least insubstantially different from a composition with a 30:10 ratio.

Next, please.

The evidence will show that the design and function of Lupin's ANDA product result in a 30-milligram immediate release 10-milligram delayed release doxycycline product that is equivalent to the asserted claims.

Lupin's ANDA product also infringes the Oracea -- I'm sorry, the Chang method of treatment claims. There are two representative claims being asserted in this case. Claim 19 of the 740, Claim 15 of the 532, and also Claims 20 and 16,

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respectively, which are the dependent claims. And those claims are nearly identical to the composition claims that Your Honor has reviewed, except that the product is a method for treating rosacea in humans in vivo and physiologically relevant context.

So Lupin's experts, Dr. Buckton and Ms. Gray, will rely on a series of flawed opinions and attempt to show non-infringement. Dr. Buckton and Ms. Gray will ask the Court to focus solely on cherry-picked litigation inspired in vitro dissolution data.

But the evidence will show that Lupin ignores the highly probative pH 4.5 data from its own ANDA. And Lupin's experts will also largely ignore the in vitro data that Lupin relied on to establish bioequivalence and in so doing will fail to account for this Court's functional construction.

Dr. Buckton and Ms. Gray will place undue weight on in vitro dissolution data taken from a brand new 6,000-capsule batch which was manufactured solely for this litigation and the evidence will show that.

Dr. Rudnic will explain why that batch is not representative of Lupin's ANDA product. And why the in vitro dissolution data and Lupin's ANDA, which is based on a 230,000 capsule batch, about 38 times larger batch, is much more reliable.

Dr. Buckton and Ms. Gray will also rely on a so-called hotspot phenomenon to explain the release of doxycycline from

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Lupin's delayed release portions in the pH 4.5 test that we're relying on. And the evidence will show that this hotspot phenomenon is a figment of their imagination. It doesn't exist in the literature in any reliable form.

In conclusion, Your Honor, the evidence will show that Lupin infringes each of these asserted claims of the Chang patents. Thank you, Your Honor.

MR. RAKOCZY: Good morning, Your Honor. William Rakoczy for the Lupin Defendants. I want to make sure, Your Honor, you have the Lupin slides.

THE COURT: Yes.

MR. RAKOCZY: May I proceed, Your Honor?

THE COURT: Please.

MR. RAKOCZY: I will briefly preview for the Court what the evidence will show regarding the asserted patents and the Lupin products. Suffice it to say you will hear a very different perspective from me than what you just heard. At the end of the day, we submit the evidence will show Lupin's product does not infringe. In our affirmative case, we will present evidence on what the patents teach, the patents claim, and how Lupin's product functions.

In short, Your Honor, the patents teach very precisely how to make the claim composition, how to test it, and how to describe it. According to those very precise and clear teachings, Lupin's product functions as 22 milligrams immediate

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release and 18 milligrams delayed release, which I will call 22:18 or the 22:18 IR/DR ratio which is not even close to the claimed 30:10 ratio.

In our rebuttal case, we will show that the so-called subset theory is both a contradiction and its been disproven definitively. According to that subset theory, Galderma and its experts suggest that of the 18 milligrams of Lupin's delayed release or DR beads, 8 milligrams will somehow, someway immediately and completely release while the remaining 10 milligrams will work perfectly and continue to delay release as intended.

There's no support for that contradiction, Your Honor, no evidence. All of Lupin's DR beads are made the exact same way using the same process, using the same ingredients. In fact, Lupin uses the same enteric coating that is on Oracea. There is no credible evidence that that coating is weak.

In fact, Lupin used a coating that falls squarely within the range allowed in the patents and the testing will show that. There's no way to reconcile Galderma's theory, again, that somehow 8 milligrams of those DR beads completely and immediately fail but 10 milligrams continue to work perfectly.

But on top of that, we tested that theory. Galderma didn't. We tested this pH 4.5 subset theory. We gave Lupin's capsules to an independent testing laboratory to see what would happen. Galderma conducted no testing in this case on hundreds

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of capsules and thousands of beads. We took their theory. We don't agree that this pH 4.5 subset test is a proper test, but we said let's test it and see what happens.

And when we did, the results came back from the independent testing laboratory and it showed no additional immediate release from the DR beads. None. None of those beads failed much less completely and immediately. So there's no support, and we disproved this subset theory.

And with that, Your Honor, all the rest of their case falls, including the blood level theory. They then have a backup theory where they say the blood levels corroborate the ratios because Lupin's ratio is somehow similar to Oracea but that all depends on the subset that somehow there's this subset of 8 milligrams of the DR beads not working.

We disproved that. On top of that, the evidence will show you can't seriously infer composition ratios from looking at blood level.

So Your Honor, we submit at the end of the day, Galderma's infringement theories are not based on science or facts or hard data. They're based on assumption. And their key assumption that somehow Lupin's 22:18 product at pH 1.1 somehow transforms into a 30:10 product at pH 4.5 is not supported, it's wrong, and it's been disproven by our 4.5 pH rebuttal testing.

So we submit we'll be left with one simple truth at the end of this case and that is that using the same test and

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conditions from the prior cases from the Amneal and Sun cases that used that pH 1.1 condition to confirm the IR DR ratio there will be no general dispute that Lupin's product does not infringe.

And I'd like to emphasize that point again. If we used the patent test, the test out of their own patent that was also used in the Amneal and Sun litigation, there's no serious dispute Lupin's product functions as 22:18. And you don't have to take my word for it, Your Honor. We have a slide to prove it. This is DDX 1, Slide 3. This is right from Galderma's own statement of facts, Paragraph 106.

The data at pH 1.1, that's the same condition and test used in their own patent used in the Amneal and Sun litigation. It's also an industry standard test from the FDA, from the US Pharmacopeia, which is the standard setting organization for all pharmaceuticals in the United States. It's the test they use on Oracea.

At this test, they admit that Lupin's product releases approximately 50 percent at 30 minutes and 54 percent at 120 minutes. And they further admit that's coming from the immediate release portion. That equates to a 22 milligram immediate release product, 18 milligrams delayed release. Not even close to the 30:10.

With that, Your Honor, I'd like to just highlight the few points in our affirmative case, and I'd like to start with

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some discussion about the patent. We didn't hear a whole lot of discussion about the patent and the composition ratios. We heard a little bit about blood ratios, nothing about this.

At a very high level here on DDX 1, Slide 5, the summary of the invention says, in yellow, it's a pharmaceutical composition of doxycycline and it consists of an IR, or immediate release component, in purple. I think that's purple. apologize. It's not showing up well. And in blue, a DR component.

And those can be combined in a unit dosage form at a preferred ratio. And the most preferred ratio in the patent is what you see here, 75 to 25 IR to DR. And that simply means at a 40-milligram dose, 75 percent is IR, 25 percent is DR. And that translates into 30 milligrams IR, 10 milligrams DR, so 75:25 is the same as 30:10.

Now the patents teach the skilled person exactly how to make those components to start with the immediate release or IR, and we have it in its most simplest form here in example 1 on Slide 6. And an easy way to do it is to take a dispersion of doxycycline and polymer and spray it on to a sugar seed or bead. And that makes what the patent calls an IR bead.

That IR bead can then be tested, the patent tells the skilled person exactly how to did it. It's here in Figure 1 on Slide 7, so we will jump to that. This is a figure we didn't hear anything about during their opening. They don't want to

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talk about this at all. This is their own test. And I will say, Your Honor, it's highly unusual for a patentee to criticize their own test and run away from it. Usually they're dying for the Defendant to use their test.

And that's what we did. This is a dissolution test or a release profile test. It's pH 1.1 condition measuring at 10, 20, 30 minutes, they tested the IR beads and you can see, based on that curve, at 10, 20, and 30 minutes, these IR beads release virtually all of their drug, as they were intended, designed and manufactured.

The patent also teaches how to make delayed release or DR -- this is example 2 on Slide 9. And again, this is a fairly simple process where you take the IR bead from the prior example and then you spray an enteric or delayed release coating onto it, and that's a special coating, Your Honor, that is made to delay release in the acidic condition of the stomach and then allow release later on in the intestine with a higher pH.

And here a very simple way to do it is to apply this Eudragit L 30 D-55 enteric coating. It's actually the exact same coating on Lupin's product and Oracea, the commercial embodiment product. So you take that coating, you spray it onto the IR bead and now you have a delayed release or DR bead.

And again, as you can expect, the patent teaches how to test for delayed release and it points us to Figure 2. Here we have another test Galderma doesn't want to talk about. It's a

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dissolution release profile test, but this is two stages. So this starts out at pH 1.1 through 2 hours and then it goes up to pH 7.0 in the --

THE COURT: These are all in vitro tests; right? The time is running from the time you put it in a petri dish, not from the time --

MR. RAKOCZY: Correct, Your Honor. These are industry standard tests for how you measure both IR and DR. And in the first part, the 2 hour at 1.1, that is meant to show you how this drug would function upon administration, meaning how would the drug dissolve and release from the dosage form upon administration. And here in Figure 2, they are testing the DR beads. And as you can see, as manufactured and intended, during the first 2 hours of pH 1.1 DR beads are releasing no drug whatsoever.

But then when it switches over to the higher pH that you would see in the intestine the DR bead is releasing substantially all of its drug as you would expect as it was manufactured.

And then finally, we have the combination capsule. Here on slide 12 this is example 3. And put simply, you take the ratio of the beads that you want and you fill the capsule. The most preferred ratio in this example, again, is the 75 percent IR or 30 milligrams IR and 25 milligrams DR -- or I'm sorry. 10 milligrams DR or 25 percent DR and you put those into the

capsule.

And we have a test for that as well. The patent points us to Figure 3 as we see here on Slide 13 and in Figure 3, that's exactly what they do, Your Honor. They take that 40 milligram capsule and they put it into the two-stage test and at pH 1.1 at the 1-hour and 2-hour time points, you see that this capsule is releasing approximately 75 percent immediately or 75 percent IR as they put into it and as it was manufactured. And then it's releasing the remainder of its drug thereafter in the higher pH or the 25 percent DR. So this test is confirming that, in fact, upon administration, this capsule is releasing as it was intended to, as it was made.

Now, let's very briefly look at the asserted claims and how these concepts are used. I won't belabor this, we've already looked at it. But again, Claim 1, an oral pharmaceutical composition consisting of in purple 30 milligrams IR and 10 milligrams DR. And the broadest claims, Your Honor, are about 30 to 10 and that makes for a variance of a 10 percent at most, so our broadest claims are about 30:10. And something I want to emphasize here.

This 30:10 composition ratio, it's obviously a separate and independent obligation or requirement of the claims for all purposes including infringement. And it was also critical to the issuance of these claims. The applicants originally tried for a claim to any composition that gives the claim steady state blood

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levels. A hard stop. No dose limitation. No component limitation. No ratio limitation. And we see that broad Claim 1 here on Slide 18. This goes all the way back to April of 2003. Claim 1, any composition that hits the blood levels. Full stop. Claim 7 did have the IR/DR ratio, but it was extremely broad, about 99 to 1 to 70:30 so basically covering anything.

They couldn't get these claims. The patent office never allowed these in this form. They were rejected and through a series of amendments, here on Slide 19, we finally see the 30:10 IR/DR claims that we know today. But even these claims were not originally allowed. And that's because the patent examiner found a 23 to 16 IR to DR composition in the prior so she rejected the claims on the ground that 23 to 16 IR to DR was about 30 to 10.

The applicants obviously cried foul and said that can't be the case because 23 to 16 is over 30 percent different from about 30:10. And told the examiner in no case would the skilled person think a variance of 30 percent or greater is accomplished by about. So basically they said, 23:16 not covered by our claims. They disclaimed that. And the only reason I bring it up, Your Honor, is because we believe the evidence will show Lupin's product is 22:18. That is even further away from 30:10 than 23:16. So if we prove, and we believe we will, Lupin is 22:18, that does not infringe 30:10 literally or under any reasonable scope of equivalence.

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I'd like to just touch upon what the evidence will show on Lupin's product. I believe much of this should not be in serious dispute beginning with paragraph 61 of Galderma's statement of facts.

THE COURT: By the way, that ratio then distinguishes your case from the other precedents when you mentioned 26 and some other numbers that many of those were not within this as you read it safe harbor.

MR. RAKOCZY: Correct, Your Honor. We're far, far away from the prior cases and we're far away even from the the 23:16 and the prosecution history. Galderma admits, Your Honor, that the Lupin product is, in fact, designed and manufactured as a 55 percent, 45 percent IR to DR product. In short, Lupin takes 55 percent IR beads and then they set aside 45 percent which they then enteric coat to make DR beads. So it's a 55:45 ratio product. And that translates into 22 milligrams immediate release 18 milligrams DR.

So 55:45 is 22:18. And that's exactly how the Lupin product functions according, again, to industry standard tests, the tests from the patent, the tests that they use on Oracea. Here on Slide 23, we have a couple things on the left. We have the Court's constructions of IR portion and DR portion. And again, IR portion being that functional part, any part that releases immediately upon administration with no delayed effect.

And the DR portion being functional that which delays

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release to a time other than immediately following administration. On the right what we've done is we have a patent Figure 3. We have the dissolution test and we have two sets of data. In black, that graph is the 30:10 claimed composition. And as we saw earlier, you can see that in pH 1.1 it is releasing approximately 75 percent of its drug as expected. That's the way it was made, 75:25 IR to DR and it's releasing the rest of the drug thereafter.

In green, we plotted the actual Lupin ANDA exhibit batch data. This is the data actually from the ANDA submitted to the FDA. This is illustrative, Your Honor. There are dozens of tests with this exact same data submitted to the FDA, approved by the FDA, it's unchallenged in this case. Galderma has done no testing. This data clearly shows that at pH 1.1, the capsule is releasing approximately 55 percent of its drug or 22 milligrams immediate release, and then releasing the remainder at the higher pH. This data is undisputed. No matter how we parse or analyze this data, it's all the same.

Here on Slide 24 this is one example of the actual raw numbers that went into the green plot on Slide 23. Slide 24, we have the raw numbers. And you can see at 30 minutes, the Lupin capsule is releasing 53 percent at 60 minutes, 55 percent at 120 minutes, 56 percent. So an average of 55 percent release in those time points, that is 22 milligrams immediate release. The Lupin product is functioning according to all of the tests in the

ANDA as 22:18.

You can see the stark contrast between the 30:10 product and Lupin's ANDA exhibit batches here on Slide 25. purple, we have Oracea, the 30:10 product. Again, you can see releasing immediately around 75 percent or 30 milligrams. see the Lupin products blue, red, and green. Those are composites of all of the ANDA exhibit batch data. And again, releasing starting at 30 minutes and going on anywhere from 50 to 55 percent. So 30 -- excuse me, 22 milligrams IR, 18 milligrams DR.

And there, Your Honor, we believe the evidence will show in the end Lupin's product is designed, made, tested and properly labeled as 22:18. I point this out on Slide 26 because this is a portion of Lupin's label where it clearly says each capsule contains 22 milligrams immediate release pellets and 18 milligrams delayed release pellets.

The FDA has approved this label and this ratio. have approved it based on dozens of industry standard tests from the ANDA. They have approved it because it is true and accurate. Again, those results are unchallenged and the product has been approved by the FDA as 22:18 as properly labeled as 22:18.

THE COURT: Friend on the other side says it's based on a cherry picked subset of capsules that were produced.

MR. RAKOCZY: So, Your Honor, we're talking about two different sets. So the data we looked at slide 23 and slide 24,

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this is not what he's referring to as cherry picked data. This is data right out of the ANDA submitted to the FDA.

what he's referring to is in rebuttal when they came up with this pH 4.5 theory, we thought to ourselves what's the best way to test whether Lupin's DR beads release in 4.5. We thought, why wouldn't you test them in pH 4.5> we gave them hundreds of capsules and thousands of beads. They tested none. Matter of fact, when we asked their expert at the dep, Why didn't you test anything? He was instructed not to answer for privilege and he refused to answer.

All we know is they've disclosed no testing in this case whatsoever. If they did testing, we don't know about it, they didn't disclose it. But we thought we're going to test this theory. We disagree that this is the proper test to do. So what we did was, because our exhibit batch samples had expired already, and we thought they'd criticize that if we tested those, so we had Lupin make a new smaller batch of ANDA product.

Mr. Avachat, the head of R&D at Lupin, will be here to testify that these 6,000 cap capsules were made the same way as the ANDA product. They are the ANDA product. They were made according to the same processes, they contain the same ingredients and the same amounts. We then took those capsules and gave them to an independent laboratory. They tested them and this is what they saw in pH 4.5: 55.4 percent release from Lupin. That's all from the IR portion. None of the DR beads

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failed, much less completely and immediately, as their theory posits. So we believe this completely disproves their pH 4.5 theory.

Putting that aside, Your Honor, I don't want the Court to ignore the fact that using the patent test, that's what we're looking at. The patent test, this is the test from Amneal, the test from Sun. This is actually FDA's test, USP test and Oracea's test. These capsules perform as 22:18 and you will hear no challenge to these results, not a single challenge. They agree with these results.

So we believe that the evidence shows Lupin is 22:18 according to unchallenged dozens of tests submitted to the FDA and even if we want to throw the capsules in pH 4.5 they are showing 55 percent release, immediate release, 22:18. So no matter how you look at it, these don't infringe and, Your Honor, I want to pause and emphasize that again.

If they really thought this pH 4.5 theory had legs, they could have tested it. They could have taken the capsules and the beads and put it in pH 4.5 like we did. We went out of our way to make more capsules to try and give them the benefit of the doubt and test their theory and now they're complaining about that. They tested nothing. We gave them the original ANDA samples, they didn't test them. We gave them samples of this new batch. They didn't test them. We did and we disproved their 4.5 theory.

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So with that, Your Honor, I will end as I began and that is if you use the test from the patent and the test from the prior cases, we submit there's no genuine dispute that Lupin product functions as 22:18 or 22 milligrams immediate release 18 milligrams delayed release. That's not even close to 30:10 literally or under any reasonable scope of equivalence.

Before I step down, Your Honor, I would like to briefly introduce the live witnesses we will call. The first will be Mr. Makarand Avachat. He is the executive vice president of pharmaceutical R&D, and he oversaw the development of the Lupin product.

The second is Ms. Vivian Gray, an expert in dissolution testing of pharmaceutical compositions.

And the third is Dr. Graham Buckton, an expert in formulation development and pharmaceutical composition testing. Thank you, Your Honor.

THE COURT: Wonderful. Can you give me just a vague estimate of how long you think each of these live witnesses will take?

MR. RAKOCZY: Mr. Avachat will be approximately 50 minutes to an hour. Ms. Gray will be about 45 minutes, 50 minutes. And then Dr. Buckton will be much longer, 3 to 3 and a half hours.

THE COURT: All right. Very good. Thank you for that. Plaintiff proceed.

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MR. COCHRAN: Your Honor, Plaintiffs call Dr. Edward Rudnic.

THE COURT: Please. Do you have a rough estimate of the length of direct examination here?

MR. COCHRAN: We will be approximately 2 hours, Your Honor.

MR. RAKOCZY: Under the pretrial order we were supposed to raise objections before the examination starts. I have just several to some exhibits. I think some have been taken care of already.

THE COURT: Why don't you hand up those books and then the Plaintiff will hand out the books for the witness and then I can look at the exhibits that we're talking about. It will help me while Mr. Rakoczy is discussing them. Review those before we swear the witness.

MR. RAKOCZY: Your Honor, may I approach?

THE COURT: What exhibits would you like to draw my attention to?

MR. RAKOCZY: Yes, Your Honor, four exhibits.

THE COURT: We've have already talked about Schneider.

MR. RAKOCZY: Four slides that were Schneider and those are PDX-2.13, 14, 66 and 67. And so unless Your Honor would like to hear anything else on Schneider, I can move on to the other ones. Four of these slides, PDX-2.53, 55, 61, and 62 again.

THE COURT: Sorry. Are those slide books that will

and 67. 4 09:40:41AM THE COURT: Some of these Kalantzi. 09:40:45AM MR. RAKOCZY: Yes, we are not objecting to Kalantzi. 6 09:40:52AM THE COURT: To the extent these are substantiated by 09:40:58AM Kalantzi that's fine. What was the next? 09:41:00AM MR. RAKOCZY: The next set were more of the bell curve, 09:41:02AM 09:41:06AM **10** Your Honor. THE COURT: Which again, I'm okay allowing as a 09:41:07AM 1109:41:09AM **12** demonstrative cartoon now understood not to scale. MR. RAKOCZY: My issue now, Your Honor, is it changed. 09:41:15AM **13** It started -- if you look at PDX-2, Slide 53, they now have 09:41:19AM **14** 09:41:24AM **15** started to add numbers to it on both. 09:41:29AM **16** THE COURT: I don't see a number on 53. MR. RAKOCZY: I'm sorry, Your Honor. Slide 55 and 56. 09:41:32AM **17** They're now adding numbers and a cross hatch graph. 09:41:37AM **18** THE COURT: This is just -- appears to be speculation. 09:41:41AM **19** MR. RAKOCZY: We submit it is. It's one thing in our 09:41:48AM **20** 09:41:51AM **21** view to mention a bell curve, it's another to attempt to start to make -- what appears to be implying actual distributions here. 09:41:54AM **22** 09:42:01AM **23** MR. COCHRAN: Your Honor, these are the averages. The Lupin 18 percent Oracea --09:42:04AM **24** THE COURT: I think the witness is testifying to this. 09:42:07AM **25** 

help me to see the slide books, too, because he's referring to

MR. RAKOCZY: Schneider was PDX-2, Slide 13, 14, 66,

them by slide? So go over the first one.

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I think it's more a question of whether the witness has any foundation or whether it's speculation as to whether these numbers belong at these peaks.

MR. RAKOCZY: Well, he can -- Your Honor, the 18 percent and the 30 percent are the average coating weights on the products, but what he's done is he's put that at the top and then drawn extremely wide bell curves of distribution of -- between weakly coated and more robustly coated and then put the cross hatching --

THE COURT: But then he's suggested that the distributions barely overlap in the middle. And so I'm not going to treat the overlap that's for which it doesn't seem like there's a basis. Like, yes, these are average coating weights, but as to how that plays out, how far apart the curves are, etc., you know, there's a foundation -- there's going to be a foundation issue.

MR. COCHRAN: There's a -- Dr. Rudnic, I'll be asking him about these curves. These are exemplary curves and he'll be testifying.

THE COURT: Okay. We're going to use this as a demonstrative and talk about the foundation for it.

what else?

MR. RAKOCZY: My last two objections, Your Honor, are just to, for the record, I want to renew them so that they are not waived. And that is Slide 68 and 69 are the subject of our

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MIL or motion in limine Number 1. And I just want to put on the record that we renew our motion in limine as to use of any time points, such as 150 minutes, 180 minutes and 240 minutes to prove immediate release.

THE COURT: I think they're not dispositive. It may be that there's an inference to be drawn, that inference may well be weak, but the Court is mindful of the, you know, roughly, 30-minute time for immediate release as the dispositive one as I have construed the claim. So I don't think that makes it inadmissible, but it certainly goes to the weight.

MR. RAKOCZY: Understood, Your Honor. We just wanted to preserve that objection.

And then the last objection I had was Slide 73. And this is just to renew our Daubert objection to testimony, any testimony attempting to infer composition ratios from mean plasma concentration data, which was the subject of our Daubert. Again, I understand Your Honor denied it, but I just want to renew it for the record.

THE COURT: Look, the ultimate test is whether they infringe the terms of the patent. Mr. Flattmann's opening statement went hard on things and, you know, the FDA and blood levels and the like. That's not the governing legal test as to whether they want to draw inferences from them. You know, there's plenty of room to dispute how strong an inference I should draw from them. I don't think it makes it inadmissible.

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MR. RAKOCZY: Understood, Your Honor. Thank you.

THE COURT: All right. Please go ahead and swear the witness.

EDWARD RUDNIC, called and sworn.

THE COURT: Good morning, Mr. Rudnic. She's the most important person in the room. If she can't hear you, it doesn't wind up on the record. So please be sure not shaking your head or nodding your head. If at any time you can't hear anybody, let us know.

If you want to take a break, we're going to take a midmorning break sometime in the next hour, bathroom break, anything else, that's absolutely fine. And I will let people in the courtroom, by the way, I'm not bothered if some of you need to slip out quietly and go to the restroom and come back. Just do it unobtrusively.

But we'll take a break and let us know if there's a time that either of you need to take it or it's a very logical time to take it. Counsel may figure out a time before transitioning to some other topic that makes sense to take a break in half an hour or 45 minutes or whatever. And I will defer to you and let you go.

MR. COCHRAN: Thank you, Your Honor.

THE WITNESS: Before we start, can I try the microphone?

THE COURT: Yes.

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### DIRECT EXAMINATION

#### BY MR. COCHRAN:

- Q. Good morning, Dr. Rudnic. Just for the record, please state your full name.
- A. Edward Michael Rudnic.
- Q. How to you spell your last name?
- A. R-U-D-N-I-C.
- Q. I understand you will be using a demonstrative to assist you in your testimony today; is that correct?
- A. Yes, sir.
- Q. who prepared those?
- A. I did with assistance of counsel.
- Q. Where are you currently employed, Dr. Rudnic?
- A. I am the chief operating officer and head of research and development for Maxwell Biosciences in Austin, Texas.
- Q. What does Maxwell Biosciences do as a business?
- A. We discover and develop new chemical entities for antiinfectives. Mostly antibacterials and antifungals at the moment.
- Q. Can you please describe your educational background, starting with your undergraduate degree.
- A. I have a Bachelor's of science in pharmacy, which allowed me to become a registered pharmacist. I went on for a Master's of Science in pharmaceutics. And then a Ph.D. in pharmaceutical sciences all from the University of Rhode Island.

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- Q. What year did you earn your PH.D?
- A. 1982.
- O. Can you briefly describe your professional experience.
- A. I started with about one-year onsite research internship at Merck in Pennsylvania, while I was in graduate school, creating research information for my Master's degree. I then, also, spent about 8 months onsite at Pfizer in New York doing additional research for my graduate degree.

Following graduation, my first full-time job was at Bristol Myers Squibb where I was in charge of a controlled release development laboratory. So modified release dosage forms their evaluation, testing, and formulation. I then moved from that position to be manager of pharmaceutical process development at Merck where my job was to manage the scale of all non-sterile dosage forms at the company.

So all tablets, capsules, ointments, creams, suspensions, liquids, powders, stuff like that. Big job. And we developed a lot of products at -- while I was there. I played a major role in the development and ANDA filing of Claritin, a very successful cold and allergy product that's still on the market today. Cumulative sales of that product and product line are about \$40 billion. So big deal.

I left that position when we had acquired Key

Pharmaceuticals in Miami, Florida. I was promoted to director of

formulation development. I went down to run the formulation and

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development and scale-up activities down at what became known as Schering, Miami. I was responsible for those things for about 5 years. Left that position to become vice president and head of research for a small company called Pharmavene. And while I was at Pharmavene, I had invented three drug products; Adderall XR, Carbatrol and Equetro.

Those three products together caught the attention of Shire Pharmaceuticals, a British company who then acquired Pharmavene. I then became the head of US research for Shire. Preclinical research all the way through initial clinical studies, all the way through pivotal clinical study and post marketing studies. And that position I had all of the formulation development scale up and manufacturing at a pilot scale reporting to me. I had medical clinical regulatory affairs and basic research all reporting to me.

I had that position for about 3 years. When the chairman of Shire had convinced me to leave Shire, to start a new antibiotic company as the CEO, which they were funding through his venture fund. I started that company as Employee 1 and within 3 years took it public on the NASDAQ. It was the first S1 filing to go public post — and was actually kind of an interesting ride on that IPO.

But it was an antibiotics company. I invented two antibiotics products there that ultimately won FDA approval. And I had left that company after 9 years as CEO and put it in the

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hands of a marketing and sales team. I went on to do some venture work and hedge fund work. Didn't particularly like that much. I liked operational roles better. I came back to be the chief operating officer, and ultimately CEO, of a publicly traded Australian company called QRx, it's a pain company. They were in under duress and I took over the company as CEO at the request of their board to see if I could save it with the FDA. I couldn't.

So I left QRx and became the CEO of a pharmaceutical technology company in Austin, Texas called Dispersol Technologies. This is a company with fabulous unique technology for the improvement of dissolution and absorption of hard to absorb drugs. My role as CEO, and all over research company, was to get the technology validated.

I was able to take two compounds, take it through Phase 1, Phase 2, and ultimately into Phase 3 clinical trials, where they are today. The company has decided to out -license those compounds and turn the company into more of a services model. And I'm not much on sales and marketing. I decided to stick with research and operations, so I moved over to Maxwell Biosciences almost 2 years ago.

- Q. Are you still doing research?
- A. Every day.
- Q. Do you also hold any academic positions?
- A. I am the assistant associate -- no. Associate Professor of Pharmaceutics at the University of Maryland and associate

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professor of Pharmaceutics at the University of Rhode Island.

- Q. Have you published any scientific literature?
- A. I have over 20 publications in peer review journals. And seven book chapters in standard reference textbooks, such as Remingtons and Modern Pharmaceutics.
- Q. What is the general subject matter of those publications?
- A. Starts with oral solid dosage forms, coating tablets, capsules, pellets, drug delivery, novel drug delivery systems, quality control scale up, it's polymer science. And quality control.
- Q. When you say "polymer science," what do you mean?
- A. Early in my career I did a fair amount of research on the impact of molecular structure variations of polymers and how that affected those polymers' ability to either enhance or suppress drug delivery in the body.
- Q. Are you involved in any professional organizations related to pharmaceuticals?
- A. Yes, I am a charter member of the American Association of Pharmaceutical Scientists. I have been very active in that organization since its founding. And I've been involved in various discussion groups, working groups and invited to lecture at the Arden House Conference, which is very prestigious thing.

I have also been an invited lecturer at various APS events, such as the Land O Lakes conferences and the national meetings.

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- Q. Any other professional organizations?
- A. I am a fellow of the United States Pharmacopeial Convention and I am also the past vice chair of biotechnology for the tech counsel of Maryland. And the past chairman or chairman emeritus of the tech counsel of Maryland.
- Q. What does it mean to be a fellow of the USP?
- A. It's a very prestigious thing. I wasn't aware of how difficult it was to get it at the time, but they choose relatively young researchers that have done a lot of very important work on drug standards or material specifications. And my work on polymers caught their attention and I was awarded a fellowship.
- O. Thank you. And what does it mean to be the chairman of the Tech Council of Maryland?
- A. This is actually a very prestigious role. So the Tech Council of Maryland is the largest traded association in that state. It represents about 400,000 jobs in a state of 8 million people. And it represents high technology companies, so think Lockheed Martin, NASA and IBM and biotech companies. So think AstraZeneca, Amgen and hundreds of small biotech companies and I was elected by peer CEOs.
- Q. Are you the name inventor on any patents?
- A. Yes, I am the inventor or coinventor on 58 issued US patents. I was recently informed that the patent office has granted claims on number 59, so that should issue already -- paid

09:57:21AM	1	the issue fee, so should issue soon. So 58 going on 59 and there
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09:57:33AM	3	publications that are related to those 58.
09:57:36AM	4	Q. Thank you. Of the drugs you have worked on over your
09:57:39AM	5	career, how many have you commercialized?
09:57:42AM	6	A. Over 80 products.
09:57:46AM	7	Q. Collectively, how much in cumulative sales of those 80
09:57:52AM	8	commercialized products earned?
09:57:53AM	9	A. Last time I checked was well over \$100 billion.
09:57:57AM	10	Q. And of those over 80 commercialized products, how many were
09:58:01AM	11	you the lead inventor on?
09:58:03AM	12	A. Seven.
09:58:03AM	13	Q. Can you name them?
09:58:13AM	14	A. Adderall XR, Carbatrol, Equetro, UNI-DUR, Moxatag, GoodNight
09:58:13AM	15	and GI Comfort.
09:58:15AM	16	Q. How common is for someone to be the lead inventor on seven
09:58:19AM	17	commercialized drug products?
09:58:20AM	18	A. It's not common. I have worked with a lot of incredibly
09:58:25AM	19	smart and dedicated people that have worked their entire careers
09:58:29AM	20	and never had a drug product get on the market.
09:58:32AM	21	THE COURT: How much of those involved extended
09:58:33AM	22	release. I'm guessing
09:58:35AM	23	THE WITNESS: All of them, Your Honor. All of them.
09:58:35AM	24	BY MR. COCHRAN:
09:58:39AM	25	Q. So what challenges are there in commercializing drug

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products containing delayed release components?

A. Quite a bit. As I mentioned, it's not uncommon to have people work in this industry and never have a drug product get to the market, because of toxicology issues or other things that happened during the normal course of development. But when you modify the release of compounds, more things can happen.

I've seen extended release, modified release dosage forms cause toxicity that you didn't see before. I have seen therapeutic failure that you didn't see before with an immediate release. So added risk starts to come when you start to do those things.

- Q. Dr. Rudnic, do you have a witness book containing documents that you intend to use today?
- A. Yes.
- Q. Let's turn to PTX-214. It's Tab Number 1.

  Do you recognize this document?
- A. Yes.
- O. What is it?
- A. It is a reasonably recent version of my CV.
- Q. Does your CV fairly and accurately summarize your education, employment, publications and professional accomplishments?
- A. Yes.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-214 into evidence.

THE COURT: Any objection?

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5		AM	3	1	:	0	0	:	0	L
6		AM	4	1	:	0	0	:	0	L
7		AM	8	1	:	0	0	:	0	L
8		AM	0	2	:	0	0	:	0	L
9		AM	3	2	:	0	0	:	0	L
.0	1	AM	9	2	:	0	0	:	0	L
.1	1	AM	9	2	:	0	0	:	0	L
.2	1	AM	4	3	:	0	0	:	0	L
.3	1	AM	4	3	:	0	0	:	0	L
.4	1	AM	5	3	:	0	0	:	0	L
.5	1	AM	9	3	:	0	0	:	0	L
.6	1	AM	9	3	:	0	0	:	0	L
.7	1	AM	7	4	:	0	0	:	0	L
8	1	AM	1	5	:	0	0	:	0	L
.9	1	AM	5	5	:	0	0	:	0	L

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10:01:04AM **21** 

10:01:07AM **22** 

10:01:10AM **23** 

10:01:13AM **24** 

10:01:15AM **25** 

MR. RAKOCZY: No objection.

THE COURT: So entered.

(Exhibit Number PTX-214 was admitted.)

MR. COCHRAN: We would also like to offer Dr. Rudnic as ane expert in invention, design, development, testing, manufacturing and commercialization of drug products, including pharmaceutical formulation.

THE COURT: Any objection or request for voir dire?

MR. RAKOCZY: Subject to the grounds stated in our

Daubert motion, which we understand Your Honor denied, we have no objection.

THE COURT: You may proceed.

## BY MR. COCHRAN:

- Q. Can you provide a high-level summary of the issues in this case?
- A. Yes. My opinions can be pretty much summarized into two statements. One is that the asserted patent claims cover a modified release formulation of doxycycline, which contains a 30-milligram immediate release portion and a10-milligram delayed release portion. And Lupin's non-infringement defense rises and falls with the amount of immediate release and delayed release doxycycline it alleges in its formulation.
- Q. Can you walk us through some of the concepts that you plan to speak about today?
- A. Sure. So first I'm going to talk about the scientific

1 10:01:20AM 2 10:01:23AM 10:01:27AM 4 10:01:32AM 5 10:01:34AM 6 10:01:38AM 10:01:41AM 10:01:43AM 10:01:45AM 10:01:50AM **10** 10:01:53AM **11** 10:01:58AM **12** 10:02:01AM **13** 10:02:05AM **14** 10:02:08AM **15** 10:02:13AM **16** 10:02:18AM **17** 10:02:24AM **18** 10:02:31AM **19** 10:02:36AM **20** 10:02:39AM **21** 10:02:40AM **22** 10:02:43AM **23** 

10:02:48AM **24** 

10:02:50AM **25** 

background and there's -- it's important to talk about a variety of things. The most important things to talk about in vitro dissolution testing and its limitations. There are limitations to in vitro testing.

So every test, every set of data tells you something, but it's important to understand what it doesn't tell you. It's important to understand what its limitations are and I am going to talk about that.

In addition, doxycycline has a very pronounced absorption window. It's been well documented over the last 30 years and it's been well documented in the Oracea NDA, so this is something that's been discussed at virtually every case for doxycycline since 2011.

I'm going to talk about the product overview, what Oracea and Lupin labels tell us about each product. And again, as Mr. Flattmann outlined at the beginning, the only real dispute is the quantities of IR and DR. In terms of infringement, what I'm going to talk about is Lupin's design and how it functions, renders it to be a 30-milligram IR and 10-milligram DR and as a result, it infringes the asserted claims.

Q. Thank you, Dr. Rudnic.

Let's talk about the scientific background a bit, starting with in vitro dissolution. How does the USP website define in vitro dissolution testing?

A. They say that a dissolution experiment evaluates the rate

10:02:54AM	1	and extent that a compound forms a solution under carefully
10:02:58AM	2	controlled conditions.
10:02:59AM	3	Q. Thank you. Can you please turn to PTX-143 in your witness
10:03:04AM	4	book. This is Tab 2.
10:03:06AM	5	A. Yes.
10:03:07AM	6	Q. Do you recognize this document?
10:03:08AM	7	A. Yes.
10:03:09AM	8	Q. What is it?
10:03:11AM	9	A. It is an excerpt from the USP website talking about
10:03:15AM	10	dissolution test.
10:03:16AM	11	Q. Did you consider PTX-143 in forming your opinions in this
10:03:21AM	12	case?
10:03:21AM	13	A. Yes.
10:03:22AM	14	THE COURT: Remind me what USP is.
10:03:29AM	15	THE WITNESS: United States Pharmacopeia for drugs and
10:03:32AM	16	materials used in pharmaceutical products.
10:03:34AM	17	MR. COCHRAN: Plaintiffs would like to offer PTX-143
10:03:37AM	18	into evidence.
10:03:38AM	19	THE COURT: Any objection?
10:03:39AM	20	MR. RAKOCZY: No objection.
10:03:39AM	21	THE COURT: So admitted.
10:03:39AM	22	(Exhibit Number PTX-143 was admitted.)
10:03:39AM	23	BY MR. COCHRAN:
10:03:42AM	24	Q. Dr. Rudnic, what information is in vitro dissolution testing
10:03:47AM	25	designed to provide?

10:03:49AM	1	A. Well, it is used to assess the lot-to-lot quality of drug
10:03:55AM	2	products. It guides development of new formulation and ensures
10:03:59AM	3	continuing product quality and performance after certain changes
10:04:05AM	4	Q. Can you please turn to PTX-163. This is tab 3.
10:04:05AM	5	A. Yes.
10:04:11AM	6	Q. Do you recognize this document?
10:04:12AM	7	A. Yes, this is the FDA guidance for industry on dissolution
10:04:16AM	8	testing of immediate release solid oral dosage forms.
10:04:21AM	9	Q. And is this the FDA guidance you're referencing on your
10:04:25AM	10	slide?
10:04:25AM	11	A. Yes.
10:04:26AM	12	MR. COCHRAN: Your Honor, I would like to offer PTX-16
10:04:30AM	13	into evidence.
10:04:32AM	14	THE COURT: Any objection?
10:04:33AM	15	MR. RAKOCZY: No objection, Your Honor.
10:04:34AM	16	THE COURT: Admitted.
10:04:34AM	17	(Exhibit Number PTX-163 was admitted.)
10:04:34AM	18	BY MR. COCHRAN:
10:04:35AM	19	Q. Dr. Rudnic, what are the limitations of in vitro dissolution
10:04:41AM	20	testing?
10:04:41AM	21	A. It's important, especially for the purpose of this case to
10:04:44AM	22	note that their primary purpose is quality control. The Lupin
10:04:56AM	23	experts continually try to point to the fact that certain times
10:05:03AM	24	of release in dissolution testing are one-to-one relationships

what happens in the body. That is not true. In fact, the FDA  $\,$ 

10:05:08AM **25** 

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and the USP are very clear their discussions about their test that is not the case.

So it's important to understand that what these in vitro release tests are meant to be, they're quality control tests. I've said this consistently throughout this case. Now failure of these tests is a concern. But one to one being able to tell exactly what is released in the body based on these tests is not true. The apparatus design is not the same as what happens in the human body. The human stomach is, roughly, got about 250 MLs of gastric fluid in it.

Q. What do you mean by MLs?

THE COURT: Quarter of a liter. I understood. Go on. THE WITNESS: Yes, sir.

So the testing vessel holds about 900 MLs, almost one liter. So in addition you have a paddle that stirs very slowly at one revolution per minute, roughly. And the agitation in the stomach is a whole lot different.

The other thing is that the media for a lot of these pH 1.1 that doesn't exist in your stomach, it is meant to be the fluid that your stomach actually exudes, but the pH of the stomach, it if it were 1.1 you wouldn't have much of a stomach left after a while, you would have a lot of holes in it. So our Mother Nature has given us buffers and salts and other things that help protect the lining of our stomach from that gastric fluid, and such, the pH is higher. Typically about 2.2 at the

lowest to about 5 at the highest. 1 10:07:10AM And I've been very consistent saying that if you want 2 10:07:14AM to pick a good average pH for the stomach, 3 is the number. 10:07:16AM what we're going to show is that the pH of time of drug 4 10:07:23AM administration is a bit higher. 5 10:07:26AM BY MR. COCHRAN: 6 10:07:26AM So in your opinion, Dr. Rudnic, can a person of ordinary 10:07:29AM skill in the art rely exclusively on in vitro dissolution 10:07:33AM testing? 10:07:38AM In fact, if you could the FDA wouldn't require 10:07:38AM **10** bioequivalence testing. 10:07:41AM **11** Let's turn to PTX-137 of your witness book. This is tab 4. 10:07:44AM **12** Q. Yes, I got it. 10:07:48AM **13** Α. What is this document? 10:07:50AM **14** 0. This is also from the FDA website on dissolution methods and 10:07:51AM **15** disclaimer. 10:08:00am **16** And did you rely on PTX-137 in forming your opinions in this 10:08:01AM **17** Q. 10:08:07AM **18** case? 10:08:07AM **19** Α. Yes. MR. COCHRAN: Your Honor, Plaintiffs would like to 10:08:08AM **20** offer PTX-137. 10:08:09AM **21** THE COURT: Any objection? 10:08:11AM **22** 10:08:12AM **23** MR. RAKOCZY: No objection, Your Honor. THE COURT: Admitted. 10:08:13AM **24** (Exhibit Number PTX-137 was admitted.) 10:08:13AM **25** 

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6	29AM	:	8	0	:	0	L
7	34AM	:	8	0	:	0	L
8	36AM	:	8	0	:	0	L
9	40AM	:	8	0	:	0	L
10	44AM	:	8	0	:	0	L
11	52AM	:	8	0	:	0	L
12	56AM	:	8	0	:	0	L
13	59AM	:	8	0	:	0	L
14	01AM	:	9	0	:	0	L
15	03AM	:	9	0	:	0	L
16	04AM	:	9	0	:	0	L
17	07AM	:	9	0	:	0	L
18	MA80	:	9	0	:	0	L
19	09AM	:	9	0	:	0	L
20	09AM	:	9	0	:	0	L
21	09AM	:	9	0	:	0	L
22	12AM	:	9	0	:	0	L
23	18AM	:	9	0	:	0	L

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# BY MR. COCHRAN:

- Q. Let's also turn to PTX-145. That's tab 5.
- A. Got it.
- Q. What is this document?
- A. This is a paper by Deanna Mudie, Gordon Amidon, and Greg Amidon from the University of Michigan, they're probably happy this morning.

Gordan Amidon is one of the best experts in terms of dissolution testing and what it means for evaluation in vivo and in this paper they outline limitations to in vitro testing and correlation to in vivo activity and performance.

- Q. Did you rely on this Mudie article in your testimony?
- A. Yes.
- Q. Did you consider --

MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-145 into evidence.

THE COURT: Any objection?

MR. RAKOCZY: No objection, Your Honor.

THE COURT: Admitted.

(Exhibit Number PTX-145 was admitted.)

### BY MR. COCHRAN:

- Q. Now Dr. Rudnic, is there an industry standard for basic drug release or testing basic drug release?
- A. Well, I would say no one standard, but probably the majority of immediate release dosage forms are tested at pH 1.1. As I

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5	5AM	5	€:	0	:	0	L
6	9AM	5	€:	0	:	0	L
7	5AM	0	):	1	:	0	L
8	0AM	1	):	1	:	0	L
9	4AM	1	):	1	:	0	L
10	5AM	1	):	1	:	0	L
11	8AM	1	):	1	:	0	L
12	2AM	2	):	1	:	0	L
13	2AM	2	):	1	:	0	L
14	2AM	2	):	1	:	0	L
15	6AM	2	):	1	:	0	L
16	9AM	2	):	1	:	0	L
17	4AM	3	):	1	:	0	L
18	7AM	3	):	1	:	0	L
19	9AM	3	):	1	:	0	L
20	9AM	3	):	1	:	0	L
21	0AM	4	):	1	:	0	L
22	2AM	4	):	1	:	0	L
23	7AM	4	):	1	:	0	L
24	7AM	4	):	1	:	0	L
25	9AM	4	):	1	:	0	L

pointed out, this is kind of the worst case pH that you can have. This is the same pH of the acid that your stomach excretes but not the pH that is in the stomach in general. So for IR products, this is probably the majority of testing.

- Q. Would you consider pH 1.1 a bio relevant pH?
- A. No, because it doesn't exist in the stomach as a general pH. It is meant as a QC test. The other thing is it typically runs for at least 2 hours. GI transit is certainly about an hour or less.
- O. Why would Lupin use pH 1. --

THE COURT: GI transits over what part of the gastrointestinal tract are you talking about --

THE WITNESS: Sorry, Your Honor.

THE COURT: From where to -

THE WITNESS: Gastric. So you start with the stomach and the transit is somewhat less than an hour to go through the pylorus into the intestinal tract.

THE COURT: From entering the stomach to --

THE WITNESS: From swallowing.

THE COURT: From swallowing.

THE WITNESS: From the time it leaves your stomach to go into the small intestine.

THE COURT: Okay. The duodenum?

THE WITNESS: Duodenum, yes.

THE COURT: Got it. Mouth, duodenum, one hour?

1 10:10:51AM 2 10:10:53AM 10:10:58AM 4 10:11:03AM 5 10:11:09AM 6 10:11:09AM 10:11:13AM 10:11:20AM 9 10:11:21AM 10:11:23AM **10** 10:11:30am **11** 10:11:35AM **12** 10:11:40AM **13** 10:11:47AM **14** 10:11:50AM **15** 10:11:51AM **16** 10:11:55AM **17** 10:12:03AM **18** 10:12:07AM **19** 10:12:11AM **20** 

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THE WITNESS: Correct.

Now you then go into the duodenum and then at some point, and this varies considerably depending on a lot of factors, you then go into the duodenum and then ilium and ultimately the colon and then it's out.

### BY MR. COCHRAN:

- Q. So Dr. Rudnic, why would Lupin use pH 1.1 in their in vitro dissolution testing?
- A. This is pretty much what the FDA asks you to do for immediate release dosage forms. Also when they do a modified release dosage form they want you to do a mixed test where you start with pH 1.1, again, a worst case for 2 hours. And then they recommend that you then test for 4.5 -- at pH 4.5 and all the way up to about pH 7.5.
- Q. Why would they do that?
- A. Because they recognize that a lot of controlled release dosage forms have a full day of drug in them and so they are trying to look for dose dumping, which is a concern. So you don't want to have a big spike of a full day's dose of drug. So that's the purpose for testing at pH 1.1 for 2 hours, make sure you don't have that dose dumping. And that whatever controlling mechanism you have is robust enough to get through the stomach.

In addition, you then -- the FDA then asks you to test at pHs of 4.5 all the way to 7.5. This is all through FDA guidances that have been around for over 20 years.

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- 10:13:41AM **23**
- 10:13:44AM **24**
- 10:13:48AM **25**

- Dr. Rudnic, if you wanted to test a product at a pH of the Q. stomach, what pH values might you use?
- I think you take a look at pHs at the extremes, probably start at 1.1 and look at the other extreme 4.5, 5. And some pH in between, but certainly those extremes.
- Let's turn to PTX-149 in your witness book. This is tab 6. 0.
- Α. Yes.
- What is this document? 0.
- This is a paper by Lida Kalantzi. She was a researcher in Christos Reppas' group in Greece.
- Did you consider PTX-149 in forming your opinions in this 0. case?
- Yes, I did. Α.
- MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-149 into evidence.
- THE COURT: As I understand it, Kalantzi is agreed upon; correct? And Schneider, that was the subject of the objection; right?
- MR. RAKOCZY: Correct, Your Honor. No objection to Kalantzi.

THE COURT: Admitted.

(Exhibit Number PTX-149 was admitted.)

### BY MR. COCHRAN:

- Dr. Rudnic, what does the Kalantzi article tell you? Q.
- First let's talk about what Kalantzi did. FDA requires that Α.

1 10:13:55AM 2 10:14:01AM 10:14:06AM 4 10:14:10AM 5 10:14:15AM 6 10:14:19AM 10:14:22AM 10:14:27AM 10:14:27AM 10:14:35AM **10** 10:14:38AM **11** 10:14:41AM **12** 10:14:47AM **13** 10:14:53AM **14** 10:15:00am **15** 10:15:04AM **16** 10:15:09AM **17** 10:15:11AM **18** 10:15:16AM **19** 10:15:22AM **20** 10:15:29AM **21** 10:15:36AM **22** 

10:15:39AM **23** 

10:15:42AM **24** 

10:15:45AM **25** 

when you test a drug product that you take 240 ML of water and you take whatever test product you are going to test with that. And so Kalantzi tested what actually would be the pH in the stomach given the FDA testing parameters.

And so here, what they showed — and unfortunately a bunch of unfortunate graduate students participated in this trial and they aspirated out gastric contents at 20 minutes, 40 minutes and 60 minutes. I'm glad I wasn't the grad student in that study.

But what they showed is that at 20 minutes was the first time they were able to put a tube down and take samples out, is that you can see the pH range is pretty wide and this makes sense because you start with 250 ML of gastric fluid at, roughly, pH 2 to 2.2, 2.3, and then you add about an equivalent volume of water, which is typically 7. All right

So what's halfway between 2 and 7; 4 and a half. So it makes a lot of sense you're going to get there. So what she showed is that yeah, about the 75th percentile was right around 4 and a half. And you can see that if you were to do some sort of a regression looking backwards towards the Y axis, you'd be up around that 4 and a half. So — and there are other — other people that have reproduced this.

Q. Dr. Rudnic, before we move on to the next slide, at your deposition you were asked if you found any other article that corroborated Kalantzi. Do you recall that?

- 10:15:48AM **1**
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- 10:17:14AM **25**

- A. Yes.
- Q. And did you find one?
- A. Yes.
- Q. Let's go to Slide 14, please.

Dr. Rudnic, what conditions did Lupin use in its bioequivalence studies?

- A. Well, they did exactly what the FDA required them to do, which is they had to administer 240 MLs of water to the subject, when they took either Oracea or their ANDA product and before they started testing. So time zero they took 240 MLs of water and whatever test product they were about to start testing.
- Q. Now, why is that important?
- A. Because a person of skill in the art would know that pH 4.5 is physiologically relevant stomach pH and subjects would have a median pH of 4.5 upon drug administration immediately.
- Q. Let's all turn to PTX-191 in your witness book, Dr. Rudnic. This is tab 8.
- A. Yes.
- Q. Do you recognize this document?
- A. Yes.
- Q. Can you tell us what it is?
- A. This is the report synopsis for the Lupin bioequivalence study, that we were just talking about.
- Q. Did you consider PTX-191 in forming your opinions in this case?

10:17:14AM	1	A. Yes.
10:17:16AM	2	MR. COCHRAN: Your Honor, Plaintiffs would like to
10:17:17AM	3	offer PTX-191 into evidence.
10:17:19AM	4	THE COURT: Objection?
10:17:20AM	5	MR. RAKOCZY: Subject to our Daubert motion, Your
10:17:20AM	6	Honor, no objection.
10:17:24AM	7	(Exhibit Number PTX-191 was admitted.)
10:17:24AM	8	THE COURT: You developed seven drugs. Did you test
10:17:27AM	9	each and every one of them at 4.5 pH?
10:17:30AM	10	THE WITNESS: Yes, sir. Yes, Your Honor.
10:17:32AM	11	THE COURT: As part of the approval process?
10:17:36AM	12	THE WITNESS: Many times, yes. Yes, Your Honor.
10:17:36AM	13	BY MR. COCHRAN:
10:17:39AM	14	Q. Dr. Rudnic, let's move on to another topic of scientific
10:17:43AM	15	background. What is an absorption, window?
10:17:47AM	16	A. So drugs in order to get into the bloodstream have to be
10:17:52AM	17	absorbed. If they are absorbed at a certain part of your
10:17:57AM	18	intestinal tract, at a very high degree, but yet before that area
10:18:06AM	19	and after that area, you find a decrease, significant decrease in
10:18:11AM	20	absorption. The area of high absorption is considered to be
10:18:16AM	21	called an absorption window. All right. So these occur for many
10:18:22AM	22	drugs. There are some drugs where they don't occur, but for
10:18:26AM	23	doxycycline, yes.
10:18:27AM	24	Q. So doxycycline has an absorption window?
10:18:29AM	25	A. It sure does.

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5	7AM	4	:	8	1	:	0	L
6	1AM	5	:	8	1	:	0	L
7	5AM	5	:	8	1	:	0	L
8	8AM	5	:	8	1	:	0	L
9	0AM	0	:	9	1	:	0	L
10	4AM	0	:	9	1	:	0	L
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Q. How do you know?

A. Well, first of all, in every single case that I have done with Oracea over the years, the opposing side has thrown at us dozens of articles or book chapters talking about how there is an absorption window for doxycycline. And in fact, most of these articles talk about in generalities about how it's in the upper part of the GI tract and there's one in particular that talks about it being in the duodenum.

THE COURT: Just a moment. Let's go over some basic physiology here. So the gastric is the adjective for stomach. The pylorus is the exit from the stomach into the duodenum?

THE WITNESS: Yes.

THE COURT: The duodenum is the beginning of the small intestine?

THE WITNESS: Yes.

THE COURT: What are the parts that you count as the distal small intestine?

THE WITNESS: The Jejunum and the ilium. So it goes, Your Honor, the stomach is not an absorptive organ.

THE COURT: Okay.

THE WITNESS: The purpose of the stomach is to take acid and enzymes and break down proteins into amino acids so that your body can then absorb them in your intestinal tract. And then you can reassemble them into proteins that your body then needs.

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THE COURT: So the entirety of the small intestine compromise of the duodenum, the jejunum and ilium?

THE WITNESS: Yes. And then you go to the large intestine and the colon.

THE COURT: Colon is a synonym for the entire large intestine?

THE WITNESS: Correct. Gastroenterologists might have slight issue with me there, but not much.

## BY MR. COCHRAN:

- Q. What else can you tell us about doxycycline absorption window?
- A. Well, in general this absorption window was known, but we didn't know how much of an absorption window there was until the folks that developed Oracea did what's called scintigraphic study. And I've done about 12 scintigraphic studies in my career.

These are really specified high level and very expensive studies. What you do is you radio label the drug and you then can follow it using gamma scintigraphy as to where the drug is being absorbed in regions of the GI tract. And for the first time, the folks at — who developed Oracea, show that all the literature in animal studies earlier was correct. Most of the absorption does, indeed, occur in the early small intestine in the duodenum.

But when you go to the jejunum and the ilium, you drop

10:21:16AM	1	to less than half. And then you go to the colon and you're below
10:21:21AM	2	5 percent. So this is a fairly, I would call, pronounced
10:21:27AM	3	absorption window.
10:21:27AM	4	BY MR. COCHRAN:
10:21:29AM	5	Q. So let's go to PTX-176 in your witness book. This is tab 9.
10:21:29AM	6	A. Yes.
10:21:36AM	7	Q. Do you recognize this document?
10:21:37AM	8	A. Yes.
10:21:39AM	9	Q. Is this the Scintipharma study you were just referring to?
10:21:43AM	10	A. Yes.
10:21:43AM	11	MR. COCHRAN: Your Honor, Plaintiffs would like to
10:21:44AM	12	offer PTX-176 into evidence.
10:21:49AM	13	MR. RAKOCZY: No objection, Your Honor.
10:21:50AM	14	THE COURT: Admitted.
10:21:50AM	15	(Exhibit Number PTX-176 was admitted.)
10:21:50AM	16	BY MR. COCHRAN:
10:21:53AM	17	Q. Dr. Rudnic, how is doxycycline absorption's window relevant
10:21:57AM	18	in this case?
10:21:58AM	19	A. Well, it's important to put this in the context of the Chang
10:22:04AM	20	patents. So the objective of Chang was to achieve a steady state
10:22:13AM	21	blood level high enough to be effective to have a beneficial
10:22:17AM	22	effect on the treatment of rosacea, which is reddening of the
10:22:21AM	23	skin. It's a type of acne. But not high enough to exert an
10:22:25AM	24	antibacterial effect. So at 0.1 micrograms per mL, it's been
10:22:31AM	25	well shown that you start to have an antiinflammatory effect

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which calms down the redness in the face for rosacea.

However, at 1.0 micrograms per mL, right around there, you start to get antibiotic effect. Now remember, this is a product you'll probably take for the rest of your life, as long as you have rosacea. And if you were take an antibiotic every day, you would ultimately develop a superinfection in your gut and that is a life threatening condition.

THE COURT: This will not kill off gut flora. This will not lead to resistant superbugs or anything like that?

THE WITNESS: Correct. So as long as you stay within that range. And this is — this is what the folks that developed Oracea found, is that that can only be achieved with a very specific ratio of 30:10 IR/DR. In fact, too much DR will overshoot that absorption window and you will have lower bioavailability. If you have too much IR, you'll peek too soon and you won't last as long and maintain that antiinflammatory effect for 24 hours.

So this is an absorption window that's very tight for a drug that has to have a very narrow window or you're going to start creating an antibiotic effect, you're going to create resistant bacteria, a superinfection, all sorts of bad stuff. All right? So important that you maintain it within this level, but also you're dealing with a drug that is very, very pronounced absorption window. You have to be very, very precise.

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- Q. What else might happen if you have too much immediate release doxycycline?
- A. Well, again, you would have the concern of antibiotic effect because you probably would breach that 1.0 micrograms per mL. In fact, when they did some in silico modeling, the facts that developed Oracea showed that.
- Q. Let's move on to another topic. What is your definition of a person of ordinary skill in the art?
- A. Well a POSA or a person of ordinary skill in the art is a person with education and experience in drug delivery and formulation science as it relates to what we are talking about here. And that person could be any person with a Bachelor's degree with many years of experience or somebody with a higher degree with lesser years of experience. And obviously, the kind of experience matters, so relevant work experience.
- Q. And what, if anything, did you rely on when forming your definition of a POSA?
- A. My 40 years of working shoulder to shoulder with men and woman that have various educational degrees in various disciplines of pharmaceutical development and I think this one works just fine.
- Q. And did you rely on this definition in forming your opinions in this case?
- A. I did.

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- Q. And Dr. Rudnic, what are those opinions?
- A. Well, the opinions can be boiled down to one statement is that Lupin's ANDA product infringes the Chang patents literally and under the doctrine of equivalents. And by the Chang patents, I mean US 8206740 and 7749532, what I call the Chang 740 and Chang 532 patents.
- Q. And what have you relied on in forming your infringement opinions in this case?
- A. Well, obviously the Chang patents. The Oracea NDA. Other documents associated with their ANDA. The Lupin ANDA, documents associated with their ANDA, documents provided by Lupin.
- Literature. FDA guidances. USP standards and Court's Claim Constructions of the terms that are in the Chang patents.
- Q. And have you considered the opinions of Ms. Vivian Gray and Dr. Graham Buckton on infringement?
- A. Yes.
- Q. Do you agree with those opinions?
- A. On infringement, generally, no.
- Q. Let's go to PTX-001 as well as 002. These are tabs 10 and 11 of the witness book.
- A. Yes.
- Q. Do you recognize these documents?
- A. Yes.
- Q. What are they?
- A. This is the Chang 532 patent and the Chang 740 patent.

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in this case?

And have you reviewed these patents in forming your opinions

A. Yes.

Q.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-001 and 002 into evidence.

THE COURT: I take it there's no objection?

MR. RAKOCZY: No objection.

THE COURT: Admitted.

(Exhibit Numbers PTX-001 and PTX-002 were admitted.)

- Q. What claims of the Chang patents are being asserted against Lupin?
- A. In the Chang 740 patent claims, 1 and 20 are being asserted and in the Chang 532 patent claims, 1 and 16 are being asserted.
- Q. Walk us through Claim 1 of the 740 patent, please.
- A. Sure. In Claim 1 of the 740 patent it starts out as an oral pharmaceutical composition of doxycycline.
- Q. What's the next limitation?
- A. Says, once daily dosage that will give a steady state blood levels of doxycycline of a minimum of .1 micrograms per mL and a maximum of 1.0 micrograms per mL.
- Q. How about the next one?
- A. This is the composition consisting of immediate release or IR portion comprising of 30 milligrams of doxycycline.
- O. And the next?

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- A. Delayed release or DR portion comprising 10 milligrams of doxycycline.
- O. And the last?
- A. And one or more pharmaceutical acceptable excipients.
- Q. Let's turn to your next slide. What have you shown here?
- A. Well, this contrasts the Claim 1 of both the 740 patent and the 532 patent. And they're really quite similar, but what you see in the Chang 532 patent is the word "about" appears before 30 milligrams doxycycline. And also that word "about" appears before 10 milligrams of doxycycline, referring to both the IR and DR components.

And then there's also a phrase that appears in the 532 patent in which the DR portion is in the form of pellets coated with at least one enteric polymer.

- Q. Let's go to your next slide. What have you shown here?
- A. These are claim 19 of the Chang 740 patent and claim 15 of the Chang 532 patent. And what you see here are method claims. And so these are for treating rosacea in a mammal and you see that claim 20 of the Chang 740 patent is a dependent claim says that mammal is a human. And claim 15 of the Chang 532 patent, similarly talks about treating rosacea in a mammal and the next dependent claim talks about that being a human.
- Q. Dr. Rudnic, how do the composition elements of these method of treatment claims relate to the composition elements we just discussed?

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- A. They're identical, with the exception of, you know, the 532 patent is slightly different than the 740 patent, but Claim 1 of each of those patents is very, very similar to what you see in these method claims.
- Q. Thank you for that. And why have you decided to focus on method of treatment claims?
- A. Well, if you look at Court's Claim Construction of these terms, both immediate release and portion construed to be functional limitations, but the claim construction of immediate release requires consideration of physiological conditions as we'll see in a minute.
- Q. Let's talk about those Claim Constructions. Next slide. What have you shown here?
- A. This is the Claim 1 of 740 patent where the word "immediate release" and IR has been construed by this Court to be the release that alters the subject steady state blood level of doxycycline.
- Q. Did you rely on this definition of immediate release in forming your opinions in this litigation?
- A. Yes.
- Q. Let's go to your next slide. What have you shown here?
- A. This is Claim 1 of 740 patent again where we talk about delayed release. And I rely on the Sun Court's construction where the release of a drug at a time other than immediately following oral administration.

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- Q. And did you rely on this definition of delayed release in this case?
- A. Yes.
- Q. Let's go to PTX-160, Tab 12 in your witness book.
- A. Yes.
- Q. Is this the Court's Claim Construction opinion in the Sun litigation that you were referring to?
- A. Yes.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-160 into evidence.

THE COURT: Any objection?

MR. RAKOCZY: One moment, Your Honor.

THE COURT: This is Judge Stark's opinion.

MR. RAKOCZY: I think it's odd to admit a Court decision.

THE COURT: It's odd to admit opinions as evidence. I mean, there's no objection you can consider it but I don't think it's technically evidence, but you may refer to it as governing law.

MR. RAKOCZY: Fair enough, Your Honor.

MR. COCHRAN: Thank you, Your Honor.

- Q. Let's turn to the next slide. What's your understanding of the portion term?
- A. So this is -- the portion is a term that appears after

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15	4AM	:	32	:	0	1
16	6AM	:	32	:	0	1
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immediate release IR and after delayed release DR. And the Sun Court construed portion to mean any part of the claim composition that releases drug immediately upon administration. And delayed release to mean a part of the claim composition that delays release of drug until a time other than immediately following oral administration.

- Q. And did you rely on these definitions of portion in this case?
- A. Yes.
- Q. And what did you rely on for coming up with these Claim Constructions?
- A. The Court's Claim Construction.
- Q. I was going to enter the Sun Court's post trial opinion, Your Honor. We don't necessarily need to.

THE COURT: I don't think it needs to be admitted into evidence, but I presume counsel have no objection to his referring to it and using it in his discussion. Just not technically evidence.

MR. RAKOCZY: No objection, Your Honor.

- Q. Let's go to your next slide. What's the definition of "about"?
- A. About appears in the Chang 532 patent, as I mentioned earlier, and the Sun Court previously addressed the meaning of that claim term about. And also in that same opinion, Judge

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- Stark noted that a POSA would understand that about 30 milligrams represents a range of 27 to 33 milligrams of doxycycline. other words, a 10 percent variation or at most a range of 27 to 33 milligrams.
- So let's go to your next slide. What do these Claim Q. Constructions mean to you?
- The claim terms have been construed to have functional limitations, so how do these things function? So physiological conditions are relevant to the infringement inquiry.
- Have you formed an opinion regarding whether Oracea is covered by the asserted claims of the Chang patents?
- Yes, I believe Oracea is a commercial embodiment of the Α. Chang patents.
- What did you base your opinion on? 0.
- well, Galderma holds a new drug application 50-805, Oracea capsules, which was approved by FDA on May 26 of 2006. And the prescribing label, which part of that ANDA shows that Oracea meets each and every limitation of the asserted claims.
- Let's go to PTX-162 in your witness book. This is tab 14. 0.
- Got it. Α.
- Do you recognize this document? Q.
- Α. Yes.
- What is it? 0.
- This is the Oracea label from their ANDA. Α.
- Did you consider PTX-162 in forming your opinions in this Ο.

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10	7AM	:	4	3	:	0	L
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A. Yes.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-162 into evidence.

THE COURT: Any objection?

MR. RAKOCZY: No objection, Your Honor.

THE COURT: Admitted.

(Exhibit Number PTX-162 was admitted.)

# BY MR. COCHRAN:

- Q. Dr. Rudnic, what support did the Oracea label provide to your understanding of the Oracea's formulation?
- A. Well, that Oracea meets each and every limitation of the asserted claims.
- Q. Can you walk us through this claim.
- A. Sure. What you see on the left is Claim 1 of the Chang 740 patent and on the right is the label from Galderma. In Claim 1, you can see it's an oral pharmaceutical composition of doxycycline and --

THE COURT: Can I ask? Does anyone dispute that Oracea does embody the Chang patents?

MR. COCHRAN: We don't.

MR. RAKOCZY: We have not disputed it.

THE COURT: I didn't think that was a dispute. You can walk through lightly, but I can read the slide. I don't think there's any dispute here about Oracea in the Chang patents.

MR. COCHRAN: Well, there is some evidence I would like 1 10:35:50AM to admit, then, Your Honor. 2 10:35:51AM THE COURT: Okay. Please. 10:35:53AM BY MR. COCHRAN: 4 10:35:53AM 5 Q. Let's turn to tab 15. This is PTX-175. 10:35:59AM 6 Α. Yes. 10:36:04AM What is this document? Ο. This is the clinical study report on multiple dose for Α. 10:36:07AM Oracea that was in their ANDA. 10:36:12AM Did you rely on this document in forming your opinions in 10:36:14AM **10** this case? 10:36:16AM **11** 10:36:16AM **12** Α. Yes. MR. COCHRAN: Your Honor, Plaintiffs would like to 10:36:18AM **13** offer PTX-175 into evidence. 10:36:19AM **14** THE COURT: Any objection? 10:36:23AM **15** 10:36:24AM **16** MR. RAKOCZY: No objection. 10:36:24AM **17** THE COURT: Admitted. (Exhibit Number PTX-175 was admitted.) 10:36:24AM **18** 10:36:24AM **19** BY MR. COCHRAN: Let's go to slide 39, please. Let's talk about Lupin's 10:36:28AM **20** Q. product. First let's turn to PTX-198 in your exhibit book. This 10:36:36AM **21** 10:36:40AM **22** is tab 16. 10:36:41AM **23** Α. Yes. Do you recognize this document? 10:36:42AM **24** Q. 10:36:43AM **25** Α. Yes.

10:36:44AM	1	Q. What is it?
10:36:45AM	2	A. This is the Lupin prescribing label that was in their ANDA.
10:36:49AM	3	Q. And did you rely on this document in forming your opinions
10:36:51AM	4	in this case?
10:36:52AM	5	A. Yes.
10:36:54AM	6	MR. COCHRAN: Your Honor, Plaintiffs would like to
10:36:55AM	7	offer 198 into evidence.
10:36:58AM	8	THE COURT: Any objection?
10:36:59AM	9	MR. RAKOCZY: No objection.
10:36:59AM	10	THE COURT: Admitted.
10:36:59AM	11	(Exhibit Number PTX-198 was admitted.)
10:37:00AM	12	THE COURT: Am I right there's no dispute there is oral
10:37:04AM	13	composition of doxycycline. That there is no dispute that there
10:37:07AM	14	is a once daily dosage with steady stream of .1 milligram and 1.0
10:37:14AM	15	and that there are excipients here?
10:37:16AM	16	MR. RAKOCZY: We do not dispute those facts, Your
10:37:18AM	17	Honor.
10:37:18AM	18	THE COURT: We can move over those things lightly, the
10:37:22AM	19	heart of this case is about is this 30:10 or
10:37:26AM	20	MR. COCHRAN: Right. And I'd also like to point out
10:37:26AM	21	that there is no dispute that there is, in fact, an immediate
10:37:28AM	22	release portion and a delayed release.
10:37:30AM	23	THE COURT: There is no dispute that there is immediate
10:37:32AM	24	release portion. Now the size of those is in dispute.
10:37:36AM	25	MR. RAKOCZY: Exactly. Your Honor. Thank you. We

Honor. Thank you.

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3	1AM	:	7	3	:	0	L
4	2AM	:	7	3	:	0	L
5	5AM	:	7	3	:	0	L
6	5AM	:	7	3	:	0	L
7	ЗАМ	:	7	3	:	0	L
8	8AM	:	7	3	:	0	L
9	2AM	:	8	3	:	0	L
10	7AM	:	8	3	:	0	L
11	2AM	:	8	3	:	0	L
12	6AM	:	8	3	:	0	L
13	2AM	:	8	3	:	0	L
14	6AM	:	8	3	:	0	L
15	0AM	:	8	3	:	0	L
16	ЗАМ	:	8	3	:	0	L
17	8AM	:	8	3	:	0	L
18	ЗАМ	:	8	3	:	0	L
19	8AM	:	8	3	:	0	L
20	2AM	:	8	3	:	0	L
21	бАМ	:	8	3	:	0	L
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25	8 AM		a	3		Λ	

agree there's a 22 milligram immediate release and 18 milligram delayed release, Your Honor.

THE COURT: Right.

MR. RAKOCZY: Their position is obviously the 18 has to be segmented or understood differently.

# BY MR. COCHRAN:

Q. Let's go on to Slide 45 and let's talk a little bit more about the design and function of Lupin's ANDA product.

Dr. Rudnic, what have you shown here on Slide 46?

A. Well, this is a roadmap for what I'm going to talk about.

One, Lupin designed its ANDA product to have a weak enteric coat and the design of that results in a 30:10 composition ratio. And as a result their ANDA product infringes the Chang patents.

- Q. Let's talk about how Lupin designed its ANDA product. On a high level, how does Lupin manufacture its product?
- A. You can see here it's a lot of unit operations, so it's a fairly complicated process to manufacture. But basically can come down to five stages, as Lupin calls it, sugar hardening stage. You start coating on a sugar sphere, they harden that. Then they load the drug, then they coat that and then they enteric coat and they fill in capsules.

THE COURT: Why sugar? It just provides a useful kind of like the nub of a pearl?

THE WITNESS: It's uniform, Your Honor. So the -- I've done this quite a few times. If you try to create a pellet on

1	1AM	:	9	3	:	0	1
2	бАМ	:	9	3	:	0	1
3	1AM	:	9	3	:	0	1
4	6AM	:	9	3	:	0	1
5	2AM	:	9	3	:	0	1
6	4AM	:	9	3	:	0	1
7	8AM	:	9	3	:	0	1
8	1AM	:	9	3	:	0	1
9	7AM	:	9	3	:	0	1
10	7AM	:	9	3	:	0	1
11	2AM	:	9	3	:	0	1
12	6AM	:	9	3	:	0	1
13	1AM	:	0	4	:	0	1
14	1AM	:	0	4	:	0	1
15	ЗАМ	:	0	4	:	0	1
16	4AM	:	0	4	:	0	1
17	5AM	:	0	4	:	0	1
18	5AM	:	0	4	:	0	1
19	0AM	:	0	4	:	0	1
20	1AM	:	0	4	:	0	1
21	6AM	:	0	4	:	0	1
22	7AM	:	0	4	:	0	1

10:40:18AM **23** 

10:40:19AM **24** 

10:40:24AM **25** 

its own, they're rough, they don't always look spherical. These sugar spheres are used in nonpareils in candy and confections. And maybe as a child you might have seen them. And manufacturers deliberately will take certain sieve sizes, certain particle size cuts, so they're really quite tight in terms of particle size.

Now, When you coat spheres, what's really important is particle size distribution. And so if you start with things that are almost perfectly spherical and perfectly identical in terms of size, at least you're starting from a good place.

- Q. I'd like to offer a few exhibits into evidence and I'll try and shortcut this as much as possible. Let's turn to PTX-184, Tab 17 in your witness book.
- A. Yes.
- Q. Do you recognize this document?
- A. Yes.
- Q. What is it?
- A. This is the overall quality summary of the drug product from the Lupin ANDA.
- Q. Let's turn to the next tab, Tab 18. This is PTX-185.

  Do you recognize this document?
- A. Yes.
- 0. What is it?
- A. This is an excerpt from the product development report which is known as 3.2.P.1 and basically it's a description and

composition of the drug product for Lupin's ANDA product. 1 10:40:31AM And did you rely on PTX-185 in forming your opinions in this 2 10:40:33AM case? 10:40:38AM Α. Yes. 4 10:40:38AM Let's turn to the next tab, Tab 19. This is PTX-186. 5 Q. 10:40:38AM Do you recognize this document? 6 10:40:42AM Α. I do. 10:40:43AM What is it? Q. 10:40:44AM This is the pharmaceutical development report for the Lupin 10:40:45AM ANDA product. 10:40:49AM **10** And did you rely on PTX-186 in forming your opinions? 10:40:51AM **11** 0. I did. 10:40:56AM **12** Α. Let's go to Tab 20, PTX-187. 10:40:56AM **13** Q. Do you recognize this document? 10:41:01AM **14** 10:41:02AM **15** Yes. Α. 10:41:03AM **16** What is it? Q. This is the manufacturing process development and process 10:41:03AM **17** Α. for Lupin's ANDA product. 10:41:08AM **18** And did you rely on PTX-187 in forming your opinions in this 10:41:10AM **19** Q. 10:41:14AM **20** case? I did. 10:41:15AM **21** Α. MR. COCHRAN: Your Honor, Plaintiffs would like to 10:41:16AM **22** offer PTX-184, 185, 186, and 187 into evidence. 10:41:17AM **23** THE COURT: Mr. Rakoczy, any objection to any of those 10:41:22AM **24** four? 10:41:24AM **25** 

MR. RAKOCZY: No objection, Your Honor. 1 10:41:24AM THE COURT: And am I right that 198 already got moved 2 10:41:26AM in and admitted? 10:41:28AM I believe you are right. MR. COCHRAN: 4 10:41:30AM 5 MR. RAKOCZY: Yes. 10:41:32AM THE COURT: We've admitted everything apart from the 6 10:41:32AM legal opinions and the Schneider article. Please proceed. 10:41:36AM MR. COCHRAN: Thank you, Your Honor. 10:41:44AM (Exhibit Numbers PTX-184, PTX-185, PTX-186, and 10:41:44AM 10:41:44AM **10** PTX-187 were admitted.) BY MR. COCHRAN: 10:41:44AM **11** So what, if anything, stands out to you about how Lupin 10:41:45AM **12** manufacturers its ANDA product? 10:41:48AM **13** Two things strike me immediately. Number one, the use of 10:41:50AM **14** methylene chloride and the percent weight gain at the enteric 10:41:54AM **15** 10:41:58AM **16** coat stage. why does methylene chloride concern you? 10:41:59AM **17** Q. First of all, I worked with methylene chloride early in my 10:42:02AM **18** career. It smells awful. Anyone who's driven by a paint factory 10:42:05AM **19** in New Jersey before 1988, probably smelled it from I-95. 10:42:10AM **20** 10:42:16AM **21** methylene chloride has been found by the EPA to be an unreasonable risk to human health. 10:42:20AM **22** 10:42:22AM **23** It is not only that associated with neuro toxicity, liver toxicity, cancer and even death. I worked at Bristol Myers 10:42:29AM **24** Squibb with a technician and he worked with methylene chloride a 10:42:34AM **25** 

1 10:42:40AM 2 10:42:44AM 10:42:48AM 4 10:42:56AM 5 10:43:00AM 6 10:43:05AM 10:43:08AM 10:43:12AM 10:43:17AM 10:43:21AM **10** 10:43:21AM **11** 10:43:25AM **12** 10:43:25AM **13** 10:43:27AM **14** 10:43:28AM **15** 10:43:34AM **16** 10:43:35AM **17** 10:43:40AM **18** 10:43:44AM **19** 10:43:51AM **20** 10:43:55AM **21** 10:43:59AM **22** 10:44:04AM **23** 10:44:05AM **24** 

10:44:08AM **25** 

long time before I got there and he died in his early 50s from liver failure. Didn't drink. And we always thought it was due to his exposure to methylene chloride and thankfully in the mid '80s water based latex coatings and latex paint became available. So by the late '80s, we switched over to water-based coatings.

THE COURT: So this was in common use?

THE WITNESS: Up until about 1984, Your Honor. And then the EPA came out and said -- and it started with the states. New Jersey was the first and then Washington state was the second.

THE COURT: But this is the EPA. FDA hasn't done anything about this?

THE WITNESS: They don't care, Your Honor.

THE COURT: Okay.

THE WITNESS: Sadly. Don't know. Call your Congressman.

So I would tell you that this was very, very concerning to me. Also the Centers For Disease Control consider this to be an occupational carcinogen. And so, putting a carcinogen into a pharmaceutical product raises a lot of questions and it was the first thing I saw when I — when you contacted me and I looked at this. I said, Why would they possibly use methylene chloride in a pharmaceutical product today.

THE COURT: Is it common to use methylene chloride in pharmaceutical coasting processes in the United States?

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10:45:32AM **25** 

THE WITNESS: Not in coating processes where you're blowing it out the stack. And the other thing is --

THE COURT: What is it common for?

THE WITNESS: It is used in spray drying, Your Honor.

And spray drying is very -- very controlled, absolutely contained environment. And they actually recover the solvent and reuse it. Nothing goes out into the atmosphere. Nothing is being exposed to the worker.

THE COURT: Right, but is it being ingested by the person?

THE WITNESS: No, because by vacuum they can pull off all the methylene chloride before it completely dries. Now, in coating something different happens. So they will blow it out a stack and they will use a scrubber to try to take out most of it. Now scrubbers at their best are 99 percent.

THE COURT: How much is someone who is taking one of these pill ingesting methylene chloride?

THE WITNESS: Trace amounts, Your Honor, but it's not zero.

THE COURT: Right. And it's a lifetime drug?

THE WITNESS: And it's a lifetime drug. So contrast that with Oracea where you have nothing but water-based coatings. This is unnecessary. There was no reason to do this and so knowing Oracea, knowing the fact that there's water-based coatings, I look at this and I go, why would you put this kind of

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10:46:59AM **25** 

material in a drug product when you don't have to.

And I was accused of being biased against Lupin because I said no, it just tells me this is an intentional of this. thing. I really hope it was intentional, you know.

THE COURT: So the basis of your finding of intent that's the question raised. Keep saying they did this intentionally, but it's not like you have any direct evidence someone whispered or said it. It just looks crazy to you and you're inferring from that?

THE WITNESS: Absolutely, Your Honor. My brain is wired to do things safely and ethically and trying to treat patients in a way that I don't put any harm to them. I am not wired to think about what I need to do to succeed and maybe use a material that I shouldn't be using. They shouldn't be using this.

MR. RAKOCZY: Objection, Your Honor, relevance and this is not anywhere in his reports.

MR. COCHRAN: He did talk about methylene chloride and its effects on the workers and health risks in his expert report, Your Honor.

MR. RAKOCZY: He's not testifying about health risks to workers, Your Honor, he's now going into patients.

THE COURT: I am asking him what the basis is for assertion of intent, because of skeptical, there was no direct evidence of intent that -- he's answering why he has that in his

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3	LOAM	:	7	4	:	0	1
4	LOAM	:	7	4	:	0	1
5	L1AM	:	7	4	:	0	1
6	L6AM	:	7	4	:	0	1
7	22AM	:	7	4	:	0	1
8	22AM	:	7	4	:	0	1
9	22AM	:	7	4	:	0	1
10	27AM	:	7	4	:	0	1
11	29AM	:	7	4	:	0	1
12	32AM	:	7	4	:	0	1
13	32AM	:	7	4	:	0	1
14	ЗЗАМ	:	7	4	:	0	1
15	34AM	:	7	4	:	0	1
16	36AM	:	7	4	:	0	1
17	37AM	:	7	4	:	0	1
18	39AM	:	7	4	:	0	1
19	14AM	:	7	4	:	0	1
20	17AM	:	7	4	:	0	1
21	19AM	:	7	4	:	0	1
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10:48:04AM **25** 

report. And so, you know, it's equivalent of responding to a question on cross. I'm allowing it

MR. COCHRAN: Thank you, Your Honor.

## BY MR. COCHRAN:

- Q. Now Before we move on, let's turn to PTX-135 in your witness book. This is Tab 221.
- A. Yes. Got it.
- Q. Do you recognize this document?
- A. This is the excerpt from the CDC Centers For Disease Control and website talking about methylene chloride.
- Q. Did you rely on PTX-135 in forming your opinions in this case?

### A. Yes.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer 135 into evidence.

THE COURT: Any objection?

MR. RAKOCZY: Objection. Relevance, Your Honor. This is not from the FDA. The FDA allows methylene chloride. They have very strict controls for it. I don't see that this has relevance.

THE COURT: I don't see what NIOSH. He touched generally on this being the kind of subject but this seems little far afield what NIOSH says about it.

MR. COCHRAN: Your Honor, this is from the CDC.gov website. There's a URL at the bottom.

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0:48:50AM	13
0:48:51AM	14
0:48:52AM	15
0:48:53AM	16
0:48:55AM	17
0:48:59AM	18
0:49:02AM	19
0:49:05AM	20
0:49:09AM	21
0:49:10AM	22
0:49:14AM	23
0:49:15AM	24
0:49:19AM	25

THE COURT: But it's about Occupational Safety & Health.

MR. COCHRAN: This is something that he discussed in his expert report.

THE COURT: I think this is getting a little far afield. Keep it out on 403 grounds.

BY MR. COCHRAN:

Q. Let's turn to PTX-136. This is tab 22.

Do you recognize this document?

A. Yes. This is the EPA document that says methylene chloride poses unreasonable risk to human health.

- Q. Did you rely on 136 in forming your opinions?
- A. Yes.

Your Honor, we would like to offer PTX-136 into evidence.

MR. RAKOCZY: Same objection. Number one, relevance, Your Honor. Number two, EPA has nothing to do with regulating drug products in the United States. And in fact, what the EPA says about methylene chloride, they specifically say does not apply to drugs, which is solely the jurisdiction of the FDA.

MR. COCHRAN: There is relevance, Your Honor. This is part of Dr. Rudnic's opinions that he presented in his opinion.

THE COURT: I believe he was discussing this in his deposition and his report, correct? You're not saying this is being sprung on us.

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10:50:44AM **24** 

10:50:47AM **25** 

MR. RAKOCZY: No, no, Your Honor, I'm saying relevance, number one. And number two, this is not anything to do with the FDA and the regulation of drug products.

THE COURT: It's attenuated, but I will allow this as something that he talked about in his report. I think you have some very credible arguments that the weight I should give it is very limited, but I will allow it to go to weight and not admissibility.

MR. COCHRAN: Thank you, Your Honor. (Exhibit Number PTX-136 was admitted.)

#### BY MR. COCHRAN:

- Q. Now, Dr. Rudnic, did you form an opinion on why Lupin used methylene chloride?
- A. I am not sure why they used it, but the effect of using it was interesting. You'll see that they start with a methylene chloride coat in their sugar hardening stage. Then they go to a water coat for the drug stage and then another methylene chloride coat to seal the drug coat, followed by a water-based coat for the enteric coat and then fill in capsules.

So they're stacking like on unlike coatings. Kind of like a sandwich, with very different types of coatings. In my view, you could argue this is to adequately seal the drug in the sugar. This is not necessary — or you know, Oracea does this with water based coatings. So why you would select this particular solvent. To do this became very questionable to me

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until I saw this chart where I said, wow, they're stacking these.

And coatings are kind of interesting. It's kind of like painting your wall with a latex paint. You wouldn't paint it on wax paper, because it will just peel right off. Well, when you have a coating, the polymer has to be able to adhere to the surface that it's being coated on or you'll have some space or some lack of adhesion. And it's primarily because methylene chloride and the kinds of things that — the kinds of surfaces that set up with solvents don't allow for the polymers on top of it to actually penetrate and form a nice weave.

- Q. Dr. Rudnic, do you have any evidence that this like and unlike affects Lupin's pills?
- A. I can see from scanning electron images that Lupin provided. So here, you can see that with Oracea, which these are on the top, you can notice that where the blue arrows are there -- you can't see any difference between where the coating of -- you can see the talc and polymer coating there.

You don't really see any difference between that and what's below it where there's no talc, of white specs, Your Honor. But you can see the coating and this is the lab scale batch that we're going to talk about a in a minute, but at least it's — these images are instructive that even if this particular batch questionable lab scale batch, you can see that there's actual ridges of air that look like they occur in between one coating and the other.

1 10:52:47AM 2 10:52:48AM 10:52:52AM 4 10:52:54AM 5 10:52:57AM 6 10:53:03AM 10:53:08AM 10:53:16AM 10:53:20AM 10:53:24AM **10** 10:53:24AM **11** 10:53:25AM **12** 10:53:32AM **13** 10:53:34AM **14** 10:53:34AM **15** 10:53:38AM **16** 10:53:38AM **17** 10:53:39AM **18** 10:53:43AM **19** 10:53:44AM **20** 10:53:45AM **21** 10:53:45AM **22** 10:53:45AM **23** 

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THE COURT: What is it that you understand to be air, the small little circular pocket?

THE WITNESS: Well, not just the circular pockets, Your Honor. You can see that there seems to be — so if you look at the bottom left, you'll note bottom left figure, you'll notice that the bottom arrow is pointing to an area between that talc and enteric coat and the area underneath it. So this is what I was saying about like applying paint to a wall. You want it to adhere to the surface below. That is not adhering to what's below it.

# BY MR. COCHRAN:

- Q. Let's turn to DTX-083. This is Tab 23. Do you recognize this document?
- A. Yes.
- Q. Is this the report that these MVA amendments came from?
- A. Yes.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer DTX-083 into evidence.

THE COURT: Any objection?

MR. RAKOCZY: No objection, Your Honor.

THE COURT: Admitted.

(Exhibit Number DTX-083 was admitted.)

#### BY MR. COCHRAN:

Q. Let's take a look at your next slide, Dr. Rudnic. What is percent weight gain?

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2	6AM	:	3	5	:	0	L
3	2AM	:	4	5	:	0	L
4	7AM	:	4	5	:	0	L
5	2AM	:	4	5	:	0	L
6	5AM	:	4	5	:	0	L
7	0AM	:	4	5	:	0	L
8	4AM	:	4	5	:	0	L
9	0AM	:	4	5	:	0	L
10	ЗАМ	:	4	5	:	0	L
11	2AM	:	4	5	:	0	L
12	7AM	:	4	5	:	0	L
13	1AM	:	4	5	:	0	L
14	ЗАМ	:	4	5	:	0	L
15	бАМ	:	4	5	:	0	L
16	8AM	:	4	5	:	0	L
17	0AM	:	5	5	:	0	L
18	ЗАМ	:	5	5	:	0	L
19	ЗАМ	:	5	5	:	0	L
20	7AM	:	5	5	:	0	L
21	9AM	:	5	5	:	0	L
22	1AM	:	5	5	:	0	L
23	ЗАМ	:	5	5	:	0	L
24	3AM	:	5	5	:	0	L
25	6AM	:	5	5	:	0	L

A. So percent weight gain is an average number. So if you were to take pellet and before you started the coating process that pellet was 100 percent of its weight. At the end of the coating process, if it were 30 percent heavier, you would say that it had a 30 percent weight gain.

Now this is important because in these coatings, and we're talking specifically about the enteric coating. There's a certain amount of that coating that is solid, principally the polymer and other parts that are water. Now this particular coating, Eudragit L30D55 is 30 percent solids. So 70 percent is water, going to come off. And 30 percent are solid that are going to be retained ideally on the pellet.

THE COURT: Come off when? During the manufacturing process?

THE WITNESS: Spraying the coating.

THE COURT: It's like a latex paint?

THE WITNESS: Exactly, but instead of putting it on with a brush or roller, you're spraying it on.

THE COURT: Got it.

And so what happens when you apply the coating to the entire pellet population?

THE WITNESS: Ideally you would like the pellets to be --

MR. RAKOCZY: Objection, Your Honor. This goes to our objection on the entire bell curve, it's a cartoon. We have no

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5	5AM	:	5	5	:	0	1
6	8AM	:	5	5	:	0	1
7	3AM	:	5	5	:	0	1
8	7AM	:	5	5	:	0	1
9	2AM	:	5	5	:	0	1
10	4AM	:	5	5	:	0	1
11	6AM	:	5	5	:	0	1
12	9AM	:	5	5	:	0	1
13	1AM	:	6	5	:	0	1
14	5AM	:	6	5	:	0	1
15	0AM	:	6	5	:	0	1
16	2AM	:	6	5	:	0	1
17	6AM	:	6	5	:	0	1
18	6AM	:	6	5	:	0	1
19	9AM	:	6	5	:	0	1
20	2AM	:	6	5	:	0	1
21	4AM	:	6	5	:	0	1
22	6AM	:	6	5	:	0	1
23	7AM	:	6	5	:	0	1
24	1AM	:	6	5	:	0	1
25	ЗАМ	:	6	5	:	0	1

idea, there's no evidence if the bell curve looks like this, so just renewing our earlier objection.

THE COURT: It's just a very general demonstrative or cartoon. I don't think that it's admissible to prove anything about the, you know, slope or shape or distribution or anything like that. It's just illustrating the idea of some kind of curve. And he's not saying it's precisely a normal distribution or bell curve and I don't think he has a basis to say that.

MR. COCHRAN: That's right, Your Honor. This is just an exemplary bell curve on the slide and Dr. Rudnic is going to talk about what his opinion is on the distribution.

THE COURT: Okay. But I would also like to know what the basis is for having a view of the distribution is that it is a normal or bell curve distribution, if you have any evidence?

THE WITNESS: Actually, it could be a skewed distribution as well, depending on a lot of different aspects.

THE COURT: If it's skewed then it's not a bell curve.

THE WITNESS: Well, I understand that.

THE COURT: Strictly speaking a bell curve, as mathematicians would talk about. This is just a figure of speech?

THE WITNESS: It's less likely to be anything but a bell curve because we start with a sphere, Your Honor.

THE COURT: I got it. And in nature lots of things turn into bell curves but we don't really know?

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THE WITNESS: It is -- I guess as a demonstrative the point I'm trying to make, Your Honor, is that some of these pellets will be less than the average and some of them will be more than the average. I am not trying to make any more detailed point than that.

THE COURT: Okay.

- So let's go to your next slide. What have you shown here, Dr. Rudnic?
- well, that in terms of particle size, the Lupin ANDA product and the Oracea product use pellets that are presorted to be the same particle size.
- And what weight gain would you expect for similar size pellets?
- You would have -- if they're similar size, you would expect, given the same coating, you would expect the same weight gain.
- And did you look at the percent weight gain of Lupin Q. compared to Oracea?
- Α. Yes.
- what did you observe? Q.
- well, I know that Lupin's is 18 percent. And what I'm about Α. to testify is that 18 percent is light and that you can tell from the way it was selected that they selected the least possible coating they could get away with. So if you just simply think --THE COURT: You can't tell us the least possible they

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10:59:23AM **25** 

could get away with. You can tell it's on the light side?

THE WITNESS: I am about to show you, Your Honor, it's the least.

THE COURT: Okay.

THE WITNESS: So if it is the least, by logic some of the pellets that are less coated than the average will be less than weak.

MR. RAKOCZY: Objection, Your Honor, to that line of testimony. And now showing, like I earlier objected to, we've now got two bell curves with different numbers at the top completely.

THE COURT: There's a basis for, but idea is they overlap only a little bit and have normal distribution entailed. I'm not seeing anything and I still have not heard an explanation how it's the least. So I don't think you have a foundation for any of that. So maybe you want to go back or have him testify about how he knows it's less, the least possible.

THE WITNESS: Perhaps I can just get out one concept, Your Honor, which is that a general principal in coating pellets is that when you have a functional coat in a modified release dosage form, the goal is to have as thick a coating as to ensure that all of your pellets are robust. This is a general concept.

THE COURT: You are inferring from the fact it is so much lighter, there was some kind of intent to do something out of the ordinary?

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11:00:54AM **25** 

THE WITNESS: And I will show you from data, Your Honor, that I believe that.

THE COURT: Okay. Show me the data.

- Q. Let's go to your next slide, Dr. Rudnic. What have you shown here?
- A. Lupin, in their batch records, show that they have an average weight gain of 18 percent at the enteric coating stage. Oracea has a 30 percent weight gain at the enteric stage.
- Q. Why is that important to you?
- A. Well, because I have commercialized 6 other delayed release products using Eudragit L30D55. Some of these were very, very broadly big sellers. Adderall XR and others. And all of them had more than 32 percent weight gain. Adderall XR had 40. So I am used to this polymer being coated to about 32 to 40 percent. So when I see 18 percent, that looks light to me. And so now I am worried about how it functions and how it delivers.
- Q. Okay. So how did Lupin select for that 18 percent weight gain?
- A. They did two things. They looked at in vitro testing and they looked at their scanned electronic images but primarily in vitro testing, quality control testing.
- Q. Let's start with in vitro quality control testing. What did they do?
- A. This is a QC test at pH 1.1. This test is meant to be a

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2AM 6	22	:	1	0	:	1	L
3 AM 7	28	:	1	0	:	1	L
<b>8</b> MA	35	:	1	0	:	1	L
OAM 9	40	:	1	0	:	1	L
5AM <b>10</b>	45	:	1	0	:	1	L
7AM <b>11</b>	47	:	1	0	:	1	L
BAM 12	48	:	1	0	:	1	L
4AM 13	54	:	1	0	:	1	L
DAM 14	00	:	2	0	:	1	L
4AM 15	04	:	2	0	:	1	L
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5AM <b>17</b>	15	:	2	0	:	1	L
BAM <b>18</b>	18	:	2	0	:	1	L
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11:02:46AM **25** 

stress test on enteric polymer. So you put it at pH 1.1. Keep it there for 2 hours and hope you don't see anything. And there are limits for that. So what you notice is that on their development batch, they started at a 17 percent weight gain and then went up by 2 percent increments. And they saw leakage at 17 percent but did not see it at 19 or some of the other increasing percentages. Then they took a scale batch and did the same thing. Exposed it to the QC test for 2 hours at pH 1.1. And what you see at 16 percent, they had leakage. But at 18 percent and higher, they did not.

THE COURT: That's what you mean by the lowest?

THE WITNESS: So yeah. I think if 17 percent leaks and 16 percent leaks, 18 is about the lowest you can go and not see leakage. And I just want to remind you that this QC test is a mandatory pass for these kinds of products. So they have to pass this test. And so for them, they selected the least thick coating to pass the QC test.

THE COURT: Why is there anything improper about that?

THE WITNESS: Because if your least coating that will show no leakage is 18 percent, and there are going to be some pellets that are less than 18 percent because 18 percent is the average, then that means some pellets are going to leak.

THE COURT: All right. But you don't have any evidence as to whether this is a normal distribution, squished distribution, flat distribution?

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11:04:24AM **24** 

11:04:29AM **25** 

THE WITNESS: No. What I do have is data at a pH on oral administration where I can show you that they do have release.

- Q. Let's move on to your next slide. What do the SEM images that Lupin provided you?
- So these particular pellets, these scanning electron images, were provided by Lupin. What you see is the development batch that we talked earlier, 17 percent weight -- excuse me. This is the -- yeah, this is the development batch, where they had 17 percent weight gain. And what you will notice between that and 19 percent weight gain is that in the 17 percent gain you see some speckling there, that's talc in the coating. Talc has got a certain diameter, and it's flaky and all sorts of stuff. So when you don't have a very thick polymer coat, some of it tends to stick out. Well, this is important because talc is used in the coating so that these acrylic coatings don't stick to one another so you don't want that to happen because you might pull off some of the coating and that kind of defeats the whole purpose. you put talc in it. That causes some imperfections. When you see the speckling that you see in that, there's channels along that talc because it doesn't adhere to the methacrylate coating. And in those channels, drug can escape. So what you want to do is have enough coating over and over so that you cover the talc and that tale no longer can give you those channels. And that's

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7	7AM	:	4	0	:	.1	1
8	8AM	:	4	0	:	.1	1
9	9AM	:	4	0	:	.1	1
10	2AM	:	5	0	:	.1	1
11	2AM	:	5	0	:	.1	1
12	4AM	:	5	0	:	. 1	1
13	4AM	:	5	0	:	.1	1
14	8AM	:	5	0	:	. 1	1
15	1AM	:	5	0	:	.1	1
16	6AM	:	5	0	:	.1	1
17	1AM	:	5	0	:	.1	1
18	5AM	:	5	0	:	.1	1
19	3AM	:	7	1	:	.1	1
20	4AM	:	7	1	:	. 1	1

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11:18:02AM **25** 

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what you see at the 19 percent weight gain. Dr. Rudnic, let's turn to PTX-202. This is Tab 24. Do you recognize it? Yes, these are SEMs from scanned electron micrographs from Α. the Lupin ANDA. Are these the ANDA images you were just referring to? Q. Α. Yes. MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-202 into evidence. THE COURT: Any objection? MR. RAKOCZY: No objection, Your Honor. THE COURT: Admitted. (Exhibit Number PTX-202 was admitted.)

THE COURT: I think we should probably -- we have gone quite a while, and I think it is appropriate to take a 10-minute break and come back see if we can finish this up and take our lunch break.

(Break from 11:05 a.m. until 11:17 a.m.)

THE COURT: You may resume.

MR. COCHRAN: Thank you, Your Honor.

- So Dr. Rudnic, now that we have talked about how Lupin designed its ANDA product, let's talk about how Lupin's product functions. How does Lupin's product function?
- I believe it functions as a 30:10 IR DR composition. Α.

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- 11:19:48AM **25**

- Q. And why do you say that?
- A. Well, you can see that part of what they call their DR portion actually releases immediately upon oral administration. And I believe it's because of their thin and weak enteric coat. And I believe that enteric coat is weak not only because of how thin it is but also because it's on an unstable platform of a methylene chloride coat.
- Q. So how do you know all of this?
- A. Well, there's two things. Mr. Avachat in his deposition says so. And secondly, I can take a look at Lupin's data from Lupin's ANDA that confirms those statements.
- Q. And what did Mr. Avachat say?
- A. Well, he said that the objective of their development was to develop a product that's equivalent in all aspects to Oracea.

  And when asked how he did that, he said they did whatever was required by the regulation to be equivalent in all aspects.
- Q. And what data did you rely on?
- A. Well, I took a look at their ANDA and the in vitro dissolution data at a biorelevant pH. This is also a QC test. And in vivo bioequivalence data in the context of doxycycline absorption window. And it was an objective of Lupin to obtain the desired drug release rate in order to make this product bioequivalence to Oracea using Mr. Avachat's words.
- Q. And before moving on, can you remind us what the Kalantzi article tells you?

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6	3AM	1	0:	2	:	1	1
7	7AM	1	0:	2	:	1	1
8	9AM	1	0:	2	:	1	1
9	3AM	2	0:	2	:	1	1
10	5AM	2	0:	2	:	1	1
11	7AM	2	0:	2	:	1	1
12	0AM	3	0:	2	:	1	1
13	4AM	3	0:	2	:	1	1
14	8AM	3	0:	2	:	1	1
15	9AM	3	0:	2	:	1	1
16	0AM	4	0:	2	:	1	1
17	2AM	4	0:	2	:	1	1
18	2AM	4	0:	2	:	1	1
19	4AM	4	0:	2	:	1	1
20	9AM	4	0:	2	:	1	1
21	0AM	5	0:	2	:	1	1

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11:21:00AM **23** 

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A. Well, Kalantzi says that the pH upon administration of a drug product with water will give you a pH of about 4 and a half. And as I said before, not only the Kalantzi article but common sense tells if you have a pH of about 2, and you are taking an equal volume of fluid at a pH of 7, the total fluid meets in the middle at pH 4 and a half. So and there are other articles out there that confirm that.

Q. So let's go to Slide 67. How did this relate to --

MR. RAKOCZY: Your Honor, I am going to object to the last portion of the testimony. That's just yet another attempt to try to wedge in the article that Your Honor excluded from Schneider. He was not allowed to testify at his deposition and instructed him not to answer. And he's now said twice other articles.

MR. COCHRAN: He did not mention --

THE COURT: I am going to allow it. I am going to allow it.

# BY MR. COCHRAN:

- Q. Let's go to Slide 67, Dr. Rudnic. How does that relate to what Lupin did?
- A. Well, Lupin did exactly what the FDA requires them to do. They administered 240 MLs of water with a test article either the Lupin ANDA product or Oracea at the time of bioequivalence testing.
- Q. Let's go to PTX-194 in your witness book. This is Tab 25.

11:21:16AM	1	A. Yes.
11:21:17AM	2	Q. What is this document?
11:21:19AM	3	A. This is the clinical study report for the bioequivalence
11:21:25AM	4	study that I talked about.
11:21:26AM	5	Q. Did you consider PTX-194 in forming your opinions in this
11:21:30AM	6	case?
11:21:30AM	7	A. Yes.
11:21:31AM	8	MR. COCHRAN: Your Honor, Plaintiffs would like to
11:21:32AM	9	offer PTX-194 into evidence.
11:21:35AM	10	MR. RAKOCZY: No objection, Your Honor.
11:21:36AM	11	THE COURT: Admitted.
11:21:36AM	12	(Exhibit Number PTX-194 was admitted.)
11:21:36AM	13	BY MR. COCHRAN:
11:21:38AM	14	Q. Dr. Rudnic, what does the mean of this data 4.5 reveal?
11:21:44AM	15	A. The mean reveals they release exactly as Oracea which is
11:21:51AM	16	undisputed 30:10 IR DR product.
11:21:55AM	17	Q. And do you recall, Dr. Rudnic, that Lupin has accused you of
11:21:59AM	18	calling 150 minutes immediate release?
11:22:05AM	19	A. well, this is a QC test. As I testified earlier and I am
11:22:12AM	20	testifying right now, the time frame in these QC tests is not
11:22:16AM	21	meant to mimic exactly the time frame in the body. It's a QC
11:22:22AM	22	test. And each test is trying to figure something out, so you
11:22:26AM	23	need to understand what it's trying to figure out. So in this
11:22:29AM	24	particular case, the capsules are kept at pH 1.1 for 2 hours.
11:22:37AM	25	This is a stress test. It's longer than the capsule will ever

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reside in the stomach, so it has nothing to do with the time and the stomach or release or other things. Your stomach does a much better job of releasing than a USP dissolution apparatus. This is a big test tube, if you will, and it's got a little stirrer in there that revolves slowly.

THE COURT: This is a very strange graph. You say it's pH 1.1 for 20 minutes but you don't report any data from 20 minutes to 60 minutes. You jump from 0 to 150.

THE WITNESS: I am about to show you the individual data, Your Honor. What this shows you is that once you get to pH 4.5 -- and remember I said earlier that the FDA tells you for these modified release products you should test at, in fact, they want you to test at pH 4.5 all the way up to pH 7.5. So when you do that -- and that's the first time that you are changing from this pH 1.1 QC test to pH 4.5 QC test for another 2 hours, you will see that you have identical release at the very first time frame that Lupin takes a sample that happens to be at 30 minutes after you have changed the buffer. Once you change the buffer, it's like the clock starts over again. So this is 30 minutes after you have now exposed it to a higher pH. Now recall, Your Honor, that pH 1.1 is not a relevant pH in the stomach. It is actually a pH that is supposed to be a stress test.

THE COURT: But the FDA expects you to use it.

THE WITNESS: Absolutely.

THE COURT: You have used the 1.1 on your own

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11:26:17AM **25** 

## medicines?

THE WITNESS: Without a doubt, Your Honor. And it's a useful QC test. But understand that whatever it releases in 2 hours does not equilibrate to whatever releases in the stomach for those 2 hours.

The other thing to remember is that the polymer that's being used here, and as the counsel for Lupin points out, it's the same polymer. So the polymer in Oracea and the polymer in Lupin's ANDA product is a product from Evonik called Eudragit L30D55. Tough to say but German. What do you expect?

In that particular polymer, it has ammonium groups in the acrylic acid side chains. These ammonium groups will ionize at a certain pH 5.5. All right. And so if you hold it at pH 1.1, nothing should ionize, nothing should come out, and that's why the QC test is so important. But as you start to go up higher in pH and you come close to 5.5, about 5, the polymer will start to ionize and will start to flake off and dissolve at pH 5.5, which is the pH in the duodenum.

THE COURT: Can you explain why that's the case? THE WITNESS: Sure.

THE COURT: I mean, for someone who's not a chemist, it makes far more sense that a more acidic environment would cause it to dissolve. But we're not extremely acidic or extremely basic. We're at something in between. Why is it dissolving more easily at a moderate pH?

1 11:26:19AM 2 11:26:23AM 11:26:30AM 4 11:26:37AM 5 11:26:41AM 6 11:26:47AM 11:26:52AM 11:26:56AM 9 11:27:00AM 11:27:06AM **10** 11:27:12AM **11** 11:27:19AM **12** 11:27:24AM **13** 11:27:30AM **14** 11:27:35AM **15** 11:27:39AM **16** 11:27:45AM **17** 11:27:48AM **18** 11:27:52AM **19** 11:27:54AM **20** 11:27:59AM **21** 11:28:08AM **22** 11:28:15AM **23** 

11:28:20AM **24** 

11:28:20AM **25** 

THE WITNESS: So this is the crux of enteric polymers, Your Honor. So for something to go into solution, it needs to be ionized. In other words, water, which is an ionic type solvent likes ionic things. If it's not ionic, in other words, if it's not ionized at all, it will sit there like cement. And this is what the FDA wants to see from an enteric polymer. Put it in there for 2 hours, we should see nothing. So this is a stress test. You can leave it there for a day. I had Adderall XR samples over a weekend. Nothing. And that was much more sizable compound than this one. So the polymer itself at 1.1 is locked down. You should see no release which is why, when I look at the way that they selected the 18 percent weight gain, it was the least possible percentage they could without seeing any release at that pH 1.1. So then I don't know. You can keep it for 1 hour, 2 hours, 12 hours, doesn't matter. That polymer is locked down. But as the pH starts to go up, the ammonium groups start to become ionized. Once they're ionized --

THE COURT: Because ammonium is basic and --

THE WITNESS: That's right, Your Honor. Once you get to higher pH, the ammonium groups ionize and then it starts to flake off. So it's a very clever thing. And Eudragit was created by a German company. It basically replaced shellac, and I'm serious about this, in the pharmaceutical industry.

THE COURT: You mean shellac?

THE WITNESS: Yes, Your Honor.

1 11:28:21AM 2 11:28:28AM 11:28:31AM 4 11:28:37AM 5 11:28:40AM 6 11:28:46AM 11:28:51AM 11:28:55AM 11:28:59AM 11:29:04AM **10** 11:29:07AM **11** 11:29:11AM **12** 11:29:17AM **13** 11:29:24AM **14** 11:29:28AM **15** 11:29:35AM **16** 11:29:35AM **17** 11:29:38AM **18** 11:29:41AM **19** 11:29:43AM **20** 11:29:43AM **21** 

11:29:45AM **22** 

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11:29:55AM **25** 

And shellac also ionizes and dissolves at higher pHs. Anybody who's ever varnished a boat knows it will last for only a certain amount of time and after a while it will flake off. So this is better than shellac. Okay?

So the idea is that these QC tests are meant to test the integrity of this coating. And so what the FDA wants you to do is, okay, let's start testing at 4.5 because we know that a lot of these enteric coatings are designed to start releasing at 5.5. We should see no release at 4.5 because it's not ionized and we shouldn't see release.

Then they want you to test it at 5 or 5.5. And I think they say 4.5 or go to 6.5. But they want to see a range of pH between 4.5 and 7.5. That's in an FDA guidance document 20 years old that I helped do for modified-release dosage forms. So anyway, so this testing basically tests the integrity and ionization of these polymers.

#### BY MR. COCHRAN:

- Q. Dr. Rudnic, before we move on, did you create this graph on this Slide 68?
- A. No.
- Q. Who did?
- A. Lupin.
- Q. Let's go to your next slide and walk to the individual data. Go ahead.
- A. Okay. So what you see here is dissolution data from Lupin's

1	0AM	0	:	0	3	:	1	1
2	5AM	0	:	0	3	:	1	1
3	5AM	1	:	0	3	:	1	1
4	8AM	1	:	0	3	:	1	1
5	2AM	2	:	0	3	:	1	1
6	8AM	2	:	0	3	:	1	1
7	6AM	3	:	0	3	:	1	1
8	1AM	4	:	0	3	:	1	1
9	4AM	4	:	0	3	:	1	1
10	9AM	4	:	0	3	:	1	1
11	4AM	5	:	0	3	:	1	1
12	ЗАМ	0	:	1	3	:	1	1
13	7AM	0	:	1	3	:	1	1
14	0AM	1	:	1	3	:	1	1
15	4AM	1	:	1	3	:	1	1
16	9AM	1	:	1	3	:	1	1
17	1AM	2	:	1	3	:	1	1
18	5AM	2	:	1	3	:	1	1
19	0AM	3	:	1	3	:	1	1
20	6AM	3	:	1	3	:	1	1
21	0AM	4	:	1	3	:	1	1
22	5AM	4	:	1	3	:	1	1
23	1AM	5	:	1	3	:	1	1
24	2AM	5	:	1	3	:	1	1
25	67M	5		1	3		1	1

ANDA. So these are Lupin's data but they are comparing themselves, the ANDA product, with Oracea.

- Q. What have you shown here in the green box?
- A. So what we show here is the initial part of this QC test where you have pH 1.1. And you see it runs for 2 hours. And what you will notice is that 55 percent of the Lupin's ANDA product is the immediate release pellet. So here their immediate release pellets are doing exactly what they are supposed to do. They are releasing. Doxycycline is soluble at pH 1.1 so it comes off very easily. You will notice that Oracea, which has 75 percent or 30 milligrams of doxycycline, releases almost entirely its amount of immediate release pellets. So again, their immediate release pellets are doing exactly what they are doing. Both sets of immediate release pellets are releasing 100 percent of what they should be releasing. So no problem. No question here. This is exactly as you would expect.
- Q. Let's move on to the next part of the slide.
- A. So this is very interesting. So what you will notice is that this test then moves to pH 4.5. And remember, the time frames in this QC test have nothing to do with correlations to exactly in the GI tract. It's a QC test. And so what you have here in Oracea in green, no additional release from the Oracea.

THE COURT: I am trying to understand these figures because you would have thought that the numbers would keep going up as more time passed yet on the bottom we have some lower

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11:33:32AM **23** 

11:33:36AM **24** 

11:33:42AM **25** 

numbers after 150, 180 minutes.

THE WITNESS: Slightly lower. And it may be due to changing and eliminating some of the solution while adding in some buffer.

THE COURT: Oh, okay. Yeah.

THE WITNESS: But the important thing here, Your Honor, is that you are not getting additional release above what has already been released. In other words, the delayed release pellets of Oracea that are coated with Eudragit L30D55 are not releasing at pH 4.5. They are coated at 30 percent. However, pellets that are coated at 18 percent are releasing. In fact, all of them release a little bit and 5 of the 12 capsules are releasing quite a bit. And this is —

THE COURT: Numbers 1, 3, 6, 7, and 8?

THE WITNESS: Correct. And you can see at the end of this QC test, the average release is 75 percent. 75 percent of 40 milligrams is 30 milligrams, Your Honor.

THE COURT: Okay. Got it.

THE WITNESS: This should not happen if you have a good robust enteric coat of Eudragit L30D55. We don't see this with Oracea. We do see this with the Lupin product. And I will remind Your Honor, these data are from Lupin's ANDA. They certified to the FDA that these data were accurate, they were reliable, and they were released by the quality assurance unit. If these data were unexpected, in fact, if they looked at these

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3	56AM	:	33	:	1	1
4	59AM	:	33	:	1	1
5	03AM	:	34	:	1	1
6	06AM	:	34	:	1	1
7	07AM	:	34	:	1	1
8	11AM	:	34	:	1	1
9	13AM	:	34	:	1	1
10	13AM	:	34	:	1	1
11	15AM	:	34	:	1	1
12	18AM	:	34	:	1	1
13	21AM	:	34	:	1	1
14	25AM	:	34	:	1	1
15	30AM	:	34	:	1	1
16	34AM	:	34	:	1	1
17	39AM	:	34	:	1	1
18	43AM	:	34	:	1	1
19	47AM	:	34	:	1	1
20	48AM	:	34	:	1	1
21	53AM	:	34	:	1	1
22	58AM	:	34	:	1	1
23	MAOO	:	35	:	1	1
24	03AM	:	35	:	1	1

11:35:06AM **25** 

compared to Oracea and they thought they had a problem, they were legally obligated to do an investigation. They were legally obligated to do a retest. They didn't.

THE COURT: Okay. This is about the FDA. Got it. I understand that. The Court still has to decide how that bears on the meaning of the patent.

THE WITNESS: Understood, Your Honor. I just want to talk about the function of their product, and I am using their data to do it.

#### BY MR. COCHRAN:

- Q. Dr. Rudnic, what's the standard number of capsules that should be tested in vitro dissolution test?
- A. Typically no less than 6, and 12 if you want to do an instant repeat. So 12 is a more robust number than 6.
- Q. Does this impact your opinion at all?
- A. It solidifies my opinion that their so-called DR pellets are releasing at a pH 4.5 which is a pH, as I testified, that you will see in the stomach upon immediately upon oral administration.

THE COURT: But you are saying this 150 figure, is that after 120 minutes of pH 1.1 plus 30 minutes of 4.5?

THE WITNESS: Yes.

THE COURT: Okay. So then for immediate for the immediate release, I should be looking at that row of 150 where the mean is 64 percent. 64 percent of 40 milligrams is about

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5	33AM	:	35	: 3	1	
6	36AM	:	35	: 3	1	
7	39AM	:	35	: 3	1	
8	42AM	:	35	: 3	1	
9	52AM	:	35	: 3	1	
10	55AM	:	35	: 3	1	
11	59AM	:	35	: 3	1	
12	MA00	:	36	: 3	1	
13	04AM	:	36	: 3	1	
14	05AM	:	36	: 3	1	
15	10AM	:	36	: 3	1	
16	17AM	:	36	: 3	1	
17	21AM	:	36	: 3	1	
18	25AM	:	36	: 3	1	
19	25AM	:	36	: 3	1	
20	30AM	:	36	: 3	1	
21	35AM	:	36	: 3	1	

11:36:36AM **22** 

11:36:38AM **23** 

11:36:41AM **24** 

11:36:48AM **25** 

two-thirds. What is that? Like 26, 27?

THE WITNESS: Yeah. So Your Honor, 30 milligrams, 30 minutes into this test is not 30 minutes immediate release in the body. The time frames have no --

THE COURT: I see. This is 30 minutes in vitro but you are saying in vivo it probably looks different.

THE WITNESS: It almost certainly would. And the point is that a lot of the release that you see in vivo especially in the various parts of the intestinal tract are not correlated to these tests. These tests were never meant to tell you minute by minute how much --

THE COURT: Quality control test. I got it.

THE WITNESS: So it's important for us to understand the limitations of these tests. These are not meant to be completely indicative of what you will see in the body. So but what this does tell you, the information this test does tell you is that it releases 30 milligrams when it should only be releasing 22 milligrams. That's what these data tell me.

BY MR. COCHRAN:

- Q. Now, Dr. Rudnic, did Dr. Buckton and Ms. Gray attempt to discredit these data?
- A. They did.
- Q. What is your understanding of their argument?
- A. Well, they called something called a hotspot. I mean, this is a ghost. This is not scientific. No one has ever proven that

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11:37:06AM **4** 

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11:37:29AM **9** 

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11:38:45AM **25** 

it exists. Certainly nobody has ever proven that it can impact the way Eudragit L30D55 dissolves.

- Q. Dr. Rudnic, what is a hotspot?
- A. I am not sure. But from what they are talking about, it means that when you change the buffer, somehow all of this basic buffer ended up at the capsule and somehow it just blew up. This is not supported by science.
- Q. Let's talk about that a little bit and let's go to PTX-223 in your witness book. This is Tab 26.

THE COURT: Perhaps you can also explain what exactly the hotspot theory is to understand what you are rejecting.

THE WITNESS: I will do my best, Your Honor. I am sure Dr. Buckton and Ms. Gray will probably have their own version of this. But I will tell you what I think it is. So you can — when you have acid buffer in that QC test at pH 1.1 and you want to change it to pH 4.5, you have to do that by adding something with a higher pH. So when you do that, there has to be some mixing that occurs for it to become uniform. Before it becomes uniform, there may be spots where some of the pH is low and some of the pH is high. I will concede that that might happen for a second or two or 10 seconds but not for tens of minutes. And no one has ever shown that it actually exists to have an effect. My personal theory is that this is an excuse to retest a bad batch. So people generally don't like to fail a batch or recall a batch so they are desperate to find a reason to retest it. I believe a

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5	4AM	0	):	39	:	. 1	L
6	9AM	0	):	39	:	. 1	L
7	3AM	1	):	39	:	. 1	
8	7AM	1	):	39	:	.1	L
9	ЗАМ	2	):	39	:	. 1	
10	ВАМ						
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20	δAM	1	):	40	:	. 1	L
21	ВАМ	1	:	40	:	. 1	
22	4AM	2	):	40	:	. 1	L
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hotspot is a convenient excuse. That's my personal opinion. BY MR. COCHRAN:

- Q. Dr. Rudnic, let's look at the Miller paper.
- A. This paper in PTX-223 was written by someone named Dave Miller. And he was a student, graduate student in Bill Williams' lab at the University of Texas. I know both of them. I used to work with Dave Miller, and I used to work with Bill Williams. So what's interesting about this paper is that Dave and I didn't know this about Dave until we got into this case. But Dave had done some work using nuclear magnetic resonance technology. Lots of words there, but what it means is that they looked at the molecular basis of whether or not these things would mix quickly. And they looked at molecules, not just general pHs.

And what they found is that the mixing occurs pretty much within seconds and that no difference in either slow — so they did one slow where it took maybe 10, 15 minutes. And they did one normally and showed that there's no difference between the dissolution of this enteric polymer Eudragit L30D55 whether it's slow or fast.

And the important thing here is that you have to remember there's 12 vessels that this analyst has to cover. They have 5 minutes, according to the USP method, to get that buffer into all 12. Wow. So you can imagine. You stop this and now you have 5 minutes to get the aliquot into each of these 12 vessels. You better be quick. So they are probably more likely

to be on the quick side than the slow side. So whatever it takes 1 11:40:45AM to equilibrate these two pH media will happen in seconds. 2 11:40:49AM that's what the Miller paper shows. 11:40:56AM Dr. Rudnic, did you rely on PTX-223 in forming your 0. 4 11:40:57AM opinions? 5 11:41:03AM I did. 6 11:41:03AM MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-223 into evidence. 11:41:05AM THE COURT: Any objection? 11:41:08AM MR. RAKOCZY: No objection, Your Honor. 11:41:09AM **10** THE COURT: Admitted. 11:41:10AM **11** 11:41:14AM **12** MR. COCHRAN: Thank you. (Exhibit Number PTX-223 was admitted.) 11:41:14AM **13** 11:41:14AM **14** BY MR. COCHRAN: Was Ms. Gray able to identify a hotspot in the Miller paper? 11:41:15AM **15** Q. 11:41:20AM **16** Α. No. What did she say? 11:41:22AM **17** Q. She said a lot of things but she just circled the whole page 11:41:23AM **18** Α. 11:41:26AM **19** so the whole thing was a hotspot.

what does that tell you?

to the data presented?

well, there's no hotspot. And you can see at the bottom of

And what other challenges did Dr. Buckton and Ms. Gray make

To be charitable, this is a questionable batch of --

the vessel where the capsules reside, quite uniform.

11:41:28AM **20** 

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04AM	:	42	:	1	L
06AM	:	42	:	1	L
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15AM	:	42	:	1	L
18AM	:	42	:	1	L
19AM	:	42	:	1	L
21AM	:	42	:	1	L
24AM	:	42	:	1	L
28AM	:	42	:	1	L
29AM	:	42	:	1	L
34AM	:	42	:	1	L
42AM	:	42	:	1	L
45AM	:	42	:	1	L
49AM	:	42	:	1	L
53AM	:	42	:	1	L
58AM	:	42	:	1	L
02AM	:	43	:	1	L
06AM	:	43	:	1	L
09AM	:	43	:	1	L
11AM	:	43	:	1	L
14AM	:	43	:	1	L
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11:43:27AM **25** 

MR. RAKOCZY: Objection, Your Honor. This is opinions we saw nowhere in his reports.

THE COURT: But this is for purposes of rebuttal. I mean, we technically could bring him back after the testimony. And it certainly seems more efficient to allow rebuttal now if that's acceptable to the parties.

MR. COCHRAN: I would also mention that this was all discussed in Dr. Rudnic's deposition.

THE COURT: I'm going to allow it rather than having to bring him back in a day and a half.

MR. RAKOCZY: Understood, Judge.

THE WITNESS: Thank you, Your Honor. So Lupin had an opportunity to retest the existing ANDA batch, the one that was submitted to the ANDA. I mean, they had 230,000 capsules. I imagine they had a few of those laying around. And my understanding is that their excuse for not testing is, oh, it expired 2 months ago. Well, an interesting thing is that if they had tested, they could have extended the expiration date. So merely testing it again would have extended the expiration date. I don't believe they wanted to retest that ANDA batch.

THE COURT: That's speculation. Go on.

THE WITNESS: I will move on to say, Your Honor, the batch they made in response to this litigation differs considerably from their ANDA batch. It is 6,000 capsules versus 240,000 capsules. The FDA would mandate you to do bioequivalence

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test because the size of these batches are so different.

THE COURT: How do you know that the air flow particle dynamics of the polymer enteric spray rate were different for this batch? What tells you that?

THE WITNESS: There are two batch records that I looked at. One that was given to us a couple days ago which is the batch record for this batch and one from their ANDA. So I can look at all of these things. The spray rate is 10 fold. The air flow is 10 fold. I mean, I don't know what could be. The other thing is that their justification for this was that the manufacturer of the coating equipment says, well, there's a general scale-up parameter.

THE COURT: So you're criticizing their samples but you didn't run any tests yourself.

THE WITNESS: So Your Honor, the manufacturer says that that scale-up parameter that they used could vary by up to 20 percent, plus or minus 20 percent. So there's a lot of wiggle room here. And I have done scale-up my whole life, and I can tell you that you have to do a lot of different iterations in the process to figure out how they affect things.

THE COURT: So they didn't do it well, but you didn't do it at all.

THE WITNESS: I didn't have to, Your Honor. And the reason why I say I didn't have to is because you look at the performance of products to figure out if they are the same.

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4	17AM	:	5	4	:	1	L
5	21AM	:	5	4	:	1	L
6	27AM	:	5	4	:	1	L
7	31AM	:	5	4	:	1	L
8	36AM	:	5	4	:	1	L
9	39AM	:	5	4	:	1	L
10	42AM	:	5	4	:	1	L
11	45AM	:	5	4	:	1	L
12	49AM	:	5	4	:	1	L
13	53AM	:	5	4	:	1	L
14	57AM	:	5	4	:	1	L
15	57AM	:	5	4	:	1	L
16	03AM	:	6	4	:	1	L
17	MA80	:	6	4	:	1	L
18	14AM	:	6	4	:	1	L
19	17AM	:	6	4	:	1	L
20	22AM	:	6	4	:	1	L
21	24AM	:	6	4	:	1	L
22	24AM	:	6	4	:	1	L
23	27AM	:	6	4	:	1	L
24	31AM	:	6	4	:	1	L

11:46:38AM **25** 

THE COURT: You are looking at functionally how it works in vivo in blood streams but that's like outputs, not inputs. Got it.

THE WITNESS: Sure. So the in vitro data at pH 4.5 is different between the ANDA batch that they submitted to the FDA and this batch which they didn't submit to the FDA and they didn't do bioequivalence testing. So what's going to happen is you are going to see some of the experts for Lupin get up and talk about how this batch is the same as the ANDA. It is not, in my opinion. It is different in terms of the way it's manufactured. And it functions — it performs differently from based on the in vitro data. So for those things alone, I say it's different in a lot of different ways. And it would take a lot of research and a lot of time to figure out exactly how.

BY MR. COCHRAN:

- Q. Let's go back to the data. What have you shown here?
- A. These are the plasma time curves for the Lupin ANDA product.

THE COURT: We have a preserved Daubert objection here. It's understood. It's preserved for the record. But I am allowing this.

MR. RAKOCZY: Thank you, Your Honor.

THE WITNESS: Your Honor, it might be helpful if I explain what you are looking at. So these are plasma time curves or blood level curves in the vernacular of the bioequivalence study that was performed by Lupin. These are Lupin data. So

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11:48:33AM **24** 

11:48:34AM **25** 

what you have on the left is a standard plot. And that same data, the same set of data are plotted in a semi-log plot on the right.

So semi-log plots take out any difference, so we will forget that for the moment. If you look at the chart on the left, what you see are two very similar curves. Now, for bioequivalence, what the FDA looks at are two measurements. One is the C-max or the peak concentration. So the peaks that you see pretty much at around 4 hours, 5 hours there. That point represents where the absorption of a drug product equals the elimination of the drug product.

THE COURT: Show me which peaks you are talking about. The peak of the line at 6 hours on the left-hand graph?

THE WITNESS: If you look at the left side of the left, you see the highest data points.

THE COURT: Mean concentration so the highest blood concentration is getting 450 on the left-hand side and scale on the right.

THE WITNESS: That's harder to read. But if you go to about 450 on the left side, you can see that that is the C-max, maximum concentration for both the Lupin ANDA product and Oracea. Now, the FDA takes that measurement, C-max and says that is a measure of the rate of drug absorption and release of a dosage form.

THE COURT: There's some in vivo similarity here. The

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8	L4AM	: 1	19	: 4	1	1
9	L9AM	: 1	19	: 4	1	1
10	27AM	: 2	19	: 4	1	1
11	33AM	:3	19	: 4	1	1
12	10AM	: 4	19	: 4	1	1
13	44AM	: 4	19	: 4	1	1
14	17AM	: 4	19	: 4	1	1
15	50AM	:5	19	: 4	1	1
16	57AM	:5	19	: 4	1	1
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19	)2AM	: (	50	: 5	1	1
20	)7AM	: (	50	: 5	1	1
21	9AM	: 0	50	: 5	1	1
22	LOAM	: 1	50	: 5	1	1
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11:50:16AM **24** 

11:50:19AM **25** 

FDA cares about it. But it's not dispositive of the patent.

THE WITNESS: I will leave that, Your Honor. I just want to finish my testimony that it is hard, very hard to be statistically the same for both the C-max and the area under this curve; two measurements for bioequivalence. And they did that not only for fasted but fed, a doubly-hard standard.

So these products match both the rate and extent of drug absorption. Not my opinion. It's the FDA's opinion. Now, because the FDA says that these bioequivalence studies matter in terms of release of a drug substance, I can come to the conclusion that the Lupin ANDA product looks quite similar to a known and proven 30:10 IR DR.

THE COURT: By the way, is the reference product here the Oracea and the test product is Lupin's?

THE WITNESS: Correct. It's hard to make out because the graphs are so similar.

THE COURT: Right. Okay.

#### BY MR. COCHRAN:

- Q. Dr. Rudnic, let's go to PTX-190 in your witness book. This is Tab 27. Do you recognize this document?
- A. Yes.
- 0. What is it?
- A. This is Lupin's bioequivalence fasting study of doxycycline capsules that created the data that we just saw.
- Q. And did you consider PTX-190 in forming your opinions in

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8	B1AM	:	0	5	:	1	L
9	B1AM	:	0	5	:	1	L
10	3AM	:	0	5	:	1	L
11	37AM	:	0	5	:	1	L
12	l1AM	:	0	5	:	1	L
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14	2AM	:	0	5	:	1	L
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19	22AM	:	1	5	:	1	L
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this case?

A. Yes.

MR. COCHRAN: Your Honor, Plaintiffs would like to offer PTX-190 into evidence.

THE COURT: Any objection?

MR. RAKOCZY: No objection, Your Honor.

THE COURT: Admitted.

(Exhibit Number PTX-190 was admitted.)

BY MR. COCHRAN:

- Q. So Dr. Rudnic, moving on to your next slide, what have you concluded from the data in Lupin's own ANDA?
- A. Doxycycline's narrow absorption window requires a specific ratio of IR DR. I know this from the Oracea NDA, all the studies that they did in developing Oracea. The scintigraphic study that I talked about. 30:10 is what's needed. And you can't get off far from 30 milligrams IR and still be bioequivalence to Oracea. That is very clear from the data in the Oracea NDA. What I showed just recently is that Lupin's doxycycline has a so-called DR component but 8 milligrams or 75 percent in total or 30 milligrams gets released at a pH immediately following oral administration. And 22 milligrams plus 8 milligrams equals 30. So I am testifying today that I believe Lupin's doxycycline product is a 30 milligram IR 10 milligram DR.

THE COURT: Dr. Rudnic, let me go back to a basic anatomical question. Say you take an average pill like the kind

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6	AM	1	1	:	2	5	:	1	1
7	AM	4	1	:	2	5	:	1	1
8	AM	8	1	:	2	5	:	1	1
9	AM	1	2	:	2	5	:	1	1
10	AM	7	2	:	2	5	:	1	1
11	AM	9	2	:	2	5	:	1	1
12	AM	3	3	:	2	5	:	1	1
13	AM	5	3	:	2	5	:	1	1
14	AM	7	3	:	2	5	:	1	1
15	AM	0	4	:	2	5	:	1	1
16	AM	3	4	:	2	5	:	1	1
17	AM	5	4	:	2	5	:	1	1
18	AM	6	4	:	2	5	:	1	1
19	AM	8	4	:	2	5	:	1	1
20	AM	9	4	:	2	5	:	1	1
21	AM	1	5	:	2	5	:	1	1
22	AM	3	5	:	2	5	:	1	1
23	AM	6	5	:	2	5	:	1	1
24	AM	1	0	:	3	5	:	1	1
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11:51:56AM

you develop. You told me from the time you ingest a pill with what, a quarter liter of water, to the time it makes it to the bottom of the stomach the polymer is about an hour?

THE WITNESS: Yes.

THE COURT: Can you generalize about how long that pill spends in the duodenum, how long it spends in the jejunum, the ilium, and the colon. Is there like a standard figure or a range of figures that you were to ballpark it?

THE WITNESS: Sure. So the duodenum probably about an hour and a half.

THE COURT: So 1.5 hours in duodenum.

THE WITNESS: It could be less. It could be less if there were food moving it along.

THE COURT: So some drugs are instructed to take with food, and that's going to affect it. And others you are told don't take it within a couple of hours of a meal.

THE WITNESS: That's this one.

THE COURT: This one is don't take with food.

THE WITNESS: That's right.

THE COURT: If you don't take it with food, how long does it spend in the duodenum?

THE WITNESS: Probably about an hour at the most.

THE COURT: Up to one hour if no food. Okay.

THE WITNESS: And then comes the jejunum and ilium.

And that depends, but that could be anywhere from 2 hours to 6

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11:54:24AM **25** 

hours.

THE COURT: 2 to 6 hours assuming you haven't ingested food right then?

THE WITNESS: That's right.

THE COURT: And then the colon.

THE WITNESS: And then the colon. It could be in the colon for a day or two. And it depends on again food. So mother nature is pretty good at getting rid of waste and food, so it moves things along if you have a lot of --

THE COURT: Right. So your testimony was that the absorption rate is very high in the duodenum like in the 80s.

THE WITNESS: Yes.

THE COURT: And then falls to the 30s. I don't know if it was 37 or --

THE WITNESS: Almost 90 percent in the duodenum. And about 37 --

THE COURT: 37. So 37, 38 in the ilium in the jejunum but there's up to an hour for the medicine to be ingested into the duodenum. So you know there's bioequivalence in terms of how long it lasts and the figures were for, you know, hour, hour and a half at a pH of 4.5 or whatever. But you can't say like at what point in the duodenum this is all dissolving. What's the pH in the duodenum?

THE WITNESS: 5.5, Your Honor.

THE COURT: 5.5. Stomach you said there was a range,

you said 3 was like --1 11:54:26AM THE WITNESS: Anywhere from 2 to 5, and let's call it 3 2 11:54:27AM in the middle. 11:54:31AM THE COURT: 2 to 5 pH. And then 5.5 pH in duodenum. 4 11:54:32AM And what would you say the pH is in jejunum and ilium? 5 11:54:40AM THE WITNESS: Jejunum probably about 6. 6 11:54:44AM higher. 11:54:48AM THE COURT: And the ilium? 11:54:51AM THE WITNESS: About 6 and a half to 7 depending on what 11:54:52AM kind of diet you typically have. High fiber diets are slightly 11:54:56AM **10** higher. 11:55:04AM **11** THE COURT: These figures are going to hold basically 11:55:06AM **12** true for medicines that are not ingested with food. 11:55:08AM **13** THE WITNESS: That's correct. 11:55:08AM **14** THE COURT: That's helpful. I do not have the benefit 11:55:12AM **15** 11:55:18AM **16** of premed or biochem background. Thank you. 11:55:18AM **17** THE WITNESS: Understood, Your Honor. You're welcome. 11:55:18AM **18** BY MR. COCHRAN: Dr. Rudnic, what's the current status of Lupin's ANDA at the 11:55:22AM **19** Q. 11:55:28AM **20** FDA? It is tentatively approved. 11:55:29AM **21** Α. Let's go to PTX-049, Tab 28. 11:55:33AM **22** Q. 11:55:33AM **23** Α. Yes. Do you recognize this document? 11:55:34AM **24** Q. 11:55:35AM **25** I do. Α.

11:55:35AM	1	Q. What is it?
11:55:36AM	2	A. It's the tentative approval letter from the FDA to Lupin for
11:55:40AM	3	their ANDA.
11:55:42AM	4	Q. Did you consider PTX-049 in forming your opinions in this
11:55:47AM	5	case?
11:55:47AM	6	A. I did.
11:55:48AM	7	MR. COCHRAN: Your Honor, Plaintiffs would like to
11:55:50AM	8	enter PTX-049 into evidence.
11:55:53AM	9	THE COURT: Any objection?
11:55:53AM	10	MR. RAKOCZY: No objection.
11:55:54AM	11	THE COURT: Admitted.
11:55:54AM	12	(Exhibit Number PTX-049 was admitted.)
11:55:54AM	13	BY MR. COCHRAN:
11:55:56AM	14	Q. All right. Let's go to your next slide. What conclusions
11:55:59AM	15	have you drawn based on all the data and Lupin's own ANDA?
11:56:02AM	16	A. My conclusion is that Lupin's ANDA product infringes the
11:56:06AM	17	Chang patents.
11:56:07AM	18	Q. Let's talk about your opinions on infringement. Let's go to
11:56:11AM	19	the next slide. Can you walk us through this claim in relation
11:56:15AM	20	to your
11:56:17AM	21	A. This is claim one of the Chang 532 patent, and you can see
11:56:20AM	22	that it starts as an oral pharmaceutical composition of
11:56:25AM	23	doxycycline. And on the right, I have Lupin's label and you can
11:56:28AM	24	see doxycycline for oral use and it's 40 milligrams once daily.
11:56:37AM	25	THE COURT: We can go through 076, 077, 078. None of

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6	8AM	: 5	6:	5	:	1	L
7	2AM	: 0	7:	5	:	1	L
8	8AM	: 0	7:	5	:	1	L
9	6AM	: 1	7:	5	:	1	L
10	3AM	: 2	7:	5	:	1	L
11	0AM	: 3	7:	5	:	1	L
12	7AM	: 3	7:	5	:	1	L
13	5AM	: 4	7:	5	:	.1	_
14	0AM	: 5	7:	5	:	1	L
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17	3AM	: 0	8:	5	:	.1	L
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11:58:16AM **22** 

11:58:17AM **23** 

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11:58:22AM **25** 

those is really in dispute. Why don't we go to 079.

MR. COCHRAN: Understood, Your Honor.

### BY MR. COCHRAN:

- Q. What are we showing here?
- A. This is Claim 1 of the Chang 532 patent. Again, composition consisting of an immediate release IR portion comprising a drug wherein the drug consists of about 30 milligrams doxycycline. My contention and my testimony today is that because they have a like unlike layering of coatings which in my view is a fragile platform and a very light weight gain, they have designed a product that will leak, and it leaks at pH 4.5 which is where you are going to see the pH at the time of oral administration. They release 30 milligrams of doxycycline at that pH. 75 percent of the product. And the in vivo data they have is remarkably similar bioequivalence data to Oracea and undisputed 30:10 IR DR product.
- Q. In your opinion, does Lupin's ANDA product meet this claim limitation?
- A. Yes.
- Q. Let's move on to the next slide. Have you formed an opinion on whether this claim element is met under the doctrine of equivalents?
- A. Yes, it's insubstantially different from a pharmaceutical composition containing a 30 milligram IR portion.
- Q. Why do you say that?

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11:59:54AM **25** 

A. Well, it functions in substantially the same way to achieve substantially the same result. And the function is that it releases 30 milligrams of doxycycline immediately on oral administration to alter subject's steady state blood levels. And the way it does it is about 8 milligrams of doxycycline in the DR portion is intentionally and immediately released by Lupin's thin and weak enteric coat. The result of all this is that their ANDA product functions as a 30 milligram IR 10 milligram DR in the body that is equivalent to Oracea.

THE COURT: Can I ask? Is there anything done to pills to cause them to linger in the duodenum or jejunum or ilium longer than they otherwise would or do they all pass at roughly the same rate?

THE WITNESS: There are actual polymers, Your Honor, that can be added to the surface of either capsules or pellets that are what we call bioadhesive. And they tend to be some cellulose derivatives and some others. This is a poly methacrylic acid copolymer. There's some acrylic acid versions that are also bioadhesive.

THE COURT: It can be done but there's no reason to think that was done here.

THE WITNESS: Absolutely not, Your Honor. And generally, the idea if you want to slow things down, pellets are good because they tend to get into the folds of the intestinal tract. And if they're somewhat adhesive, they go slower. So

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9	PM	27	:	0	0	:	2	1
10	PM	31	:	0	0	:	2	1
11	PM	35	:	0	0	:	2	1
12	PM	42	:	0	0	:	2	1
13	PM	43	:	0	0	:	2	1
14	PM	46	:	0	0	:	2	1
15	PM	48	:	0	0	:	2	1
16	PM	48	:	0	0	:	2	1
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they never really suck onto the intestines; they'll just go slower.

THE COURT: Because the absorption rate for a lot of meds is higher earlier in the intestinal tract. You might want it to go slower.

THE WITNESS: So a big, big effort in the 1990s and early 2000s was bioadhesion and what they call gastro retentive dosage forms, there's a whole company formed on this, where the idea was to get the release so far high up you would hit all the absorption windows and get higher bioavailability. By and large, they have not succeeded. Mother nature is a lot smarter than we chemists are.

THE COURT: I don't know if it matters whether you're eating roughage or not.

THE WITNESS: Food is going to move things along. BY MR. COCHRAN:

- Q. Dr. Rudnic, in your opinion, does Lupin's product infringe this claim under the doctrine of equivalents?
- A. Yes, it does.
- Q. Let's move on to the next slide. What do they show here?
- A. This is Claim 1 of the Chang 532 patent. Showing that it has a delayed release or DR portion wherein the drug consists of about 10 milligrams of doxycycline.
- Q. And in your opinion, does Lupin's ANDA product infringe this claim element?

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8	PM	53	:	1	0	:	2	1
9	PM	54	:	1	0	:	2	1
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22	PM	38	:	2	0	:	2	1
23	PM	43	:	2	0	:	2	1
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12:02:53PM **25** 

- A. It does because as I testified, I believe that 8 milligrams is released as an IR portion to join the 22 milligrams of IR pellets to be 30 milligrams of IR. In a 40 milligram dosage form, that leaves 10 milligrams. And what you see is that is at a time other than immediately following oral administration.
- Q. Have you formed an opinion on whether this claim element is met under the doctrine of equivalents?
- A. Yes.
- Q. What is that opinion?
- A. Is that it does infringe on the doctrine of equivalents because it is insubstantially different from a pharmaceutical composition containing 10 milligram DR portion.
- Q. Why do you say that?
- A. Well, it has the same function and substantially the same way to achieve substantially the same result. The function is that it releases 10 milligrams of doxycycline at a time other than immediately following oral administration and about 8 milligrams of doxycycline in that what is called DR portion is intentionally and immediately released by Lupin's thin and weak enteric coat. This leaves 10 milligrams to be released at a time other than immediately following oral administration. The result of all this is that Lupin's ANDA product functions as a 30 milligram IR 10 milligram DR product in the body that is bioequivalence to Oracea, an undisputed 30 milligram IR 10 milligram DR product.

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- Q. In your opinion, does Lupin's product infringe this claim element under the doctrine of equivalents?
- A. It does.

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0. And --

THE COURT: We can skip 085 and 086.

MR. COCHRAN: You read my mind, Your Honor.

## BY MR. COCHRAN:

- Q. Let's go to Slide 87. Dr. Rudnic, what have you shown here?
- A. So this is Claim 15. I mentioned before this is a method claim for treating rosacea which is a form of acne in a human if you consider the dependent Claim 16. And you can see that Lupin's ANDA product infringes literally and under the doctrine of equivalents. And the composition parts of that claim we have already discussed at length.

THE COURT: It's the same for the methods as for Claim 1; correct?

THE WITNESS: Yes, Your Honor.

THE COURT: So the key here is going to be -- well, that's the end of the 532. And then on the 740, we can go straight to Slide 91. Your analysis on the 740 patent of the 30:10 ratio is going to be the same for the 740 as for the 532; correct?

THE WITNESS: You are correct, Your Honor.

THE COURT: And then your analysis of the function and the doctrine of equivalents on 93 is the same for the 740 and the

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532?

THE WITNESS: You are correct, Your Honor.

THE COURT: And I don't know if there's anything you want to say about Slide 94 about the delayed release. Is this the same as what we saw earlier or do you need to say anything further about this?

THE WITNESS: It is the same, Your Honor.

THE COURT: 94, 95, 96, the gelatin, the excipients, the coatings. So there's the method claim is the same on the 740 and the 532; right?

THE WITNESS: Correct, Your Honor.

THE COURT: Was there anything else you needed to add about differences in the method claims or differences in the 740? BY MR. COCHRAN:

- Q. One quick question. Dr. Rudnic, if we can go back one second? This will be very quick. Go back to Slide 98. Can you remind us what Lupin's ANDA product is indicated for?
- A. It's indicated for the treatment of rosacea.
- Q. Thank you.

THE COURT: And rosacea is a kind of skin disorder, isn't it?

THE WITNESS: Sure. The most notable patient that suffers from rosacea is former President Clinton, Your Honor. So if you see Mr. Clinton, often his face is red. And a lot of people suggest that's because he's imbibing. It's not. It's

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because he suffers from rosacea. Rosacea is a form of acne. It's really like little red dots in your skin which cause your face to look red. So doxycycline, like most of the tetracyclines at low doses, very low doses, has an antiinflammatory effect.

THE COURT: Does anyone understand why that is?

Because people thought this was a subtherapeutic dose.

THE WITNESS: Well, it's a subtherapeutic dose for an antibiotic. But most antibiotics, almost all of them, amoxicillin and others, at the very lowest of their doses are somewhat anti-inflammatory. The problem is, if you were to give them every day for the rest of your lives, you would probably get a superinfection and resistant bacteria and all sorts of things.

THE COURT: You think the max level at 1.0 microgram seems to work?

THE WITNESS: It does. So you're maximizing over the course of a day the anti-inflammatory effect for rosacea but not triggering the antibiotic effect which as we know causes all sorts of problems.

THE COURT: Sorry. I know you crafted your direct examination very well and very carefully. Is there anything else you want to add?

MR. COCHRAN: No, Your Honor. (Lunch break at 12:07 p.m.)

CERTIFICATION I certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter. /s/ Bobbie J. Shanfelder Bobbie J. Shanfelder, RDR, CRR Official Court Reporter January 9, 2024 Date: 

#### 14:1, 17:7, 17:12, 105:12, 106:9, 2018 [1] - 15:9 27:6, 27:23, 27:24, 19:5, 19:8, 19:17, 106:10, 106:12 2024 [3] - 1:10, 4:1, 28:14, 28:21, 29:10, 29:15, 35:19, 36:14, **\$100** [1] - 58:9 20:24, 23:21, 26:18, **18** [31] - 15:4, 19:10, 139:9 27:6, 28:14, 28:21, 22:24, 23:5, 23:8, 21-CV-1710 [2] - 1:3, 37:7, 37:8, 37:19, **\$40** [1] - 53:22 29:16, 33:9, 33:21, 23:17, 33:1, 33:7, 38:24, 39:16, 39:17, 4.4 **22** [18] - 15:3, 18:7, 36:14, 37:6, 37:8, 35:22, 40:3, 41:17, 40:14, 40:16, 40:18, 38:24, 39:16, 39:18, 43:9. 43:15. 46:4. 42:21, 43:5, 43:8, 20:13, 27:11, 29:12, '80s [2] - 92:4, 92:5 40:14, 78:19, 80:1, 48:24, 49:4, 88:1. 43:9, 49:5, 61:10, 32:25, 35:21, 41:16, 80:10, 84:3, 119:21, 88:4, 89:20, 102:21, 79:24, 80:8, 84:1, 42:15, 42:24, 43:9, 120:16, 123:8, 102:22, 104:8, 100:4, 100:5, 1 43:15, 46:4, 88:1, 123:9, 127:23, 104:16, 104:18, 100:10, 100:11, 96:8, 118:18, /s [1] - 139:6 133:8, 134:23, 105:9, 105:13, 104:9, 111:17, 127:21, 135:2 135:4, 135:12, 105:20, 105:21, 111:19, 115:11, **221** [1] - 95:6 0 135:16, 135:20, 113:12, 116:11 116:10, 116:17, 22:18 [15] - 33:2, 135:23, 135:24 **180** [2] - 50:3, 116:1 117:21, 118:2, 34:21, 35:8, 40:22, 0[1] - 111:8 **10-hour** [1] - 5:1 185<sub>[1]</sub> - 90:23 118:3, 118:5, 40:24, 41:18, 43:1, 0.1 [1] - 75:24 118:17, 127:16, 10-milligram [2] -**186** [1] - 90:23 43:13, 43:21, 45:8, **002** [2] - 78:19, 79:5 30:20, 61:19 127:19, 127:21, **187** [1] - 90:23 45:11, 45:14, 46:4 076 [1] - 131:25 127:23. 132:7. **10-minute** [1] - 107:15 **19** [7] - 30:24, 40:9, 23 [7] - 40:12, 40:13, **077** [1] - 131:25 132:13, 132:24, **100** [2] - 100:3, 115:14 80:16, 90:5, 105:6, 40:16, 41:21, 42:20, **078**[1] - 131:25 133:3, 133:8, 135:3, 10005 [1] - 1:17 106:12, 107:1 43:25, 99:12 135:22, 135:24 **079** [1] - 132:1 **106** [1] - 35:11 **19106** [1] - 1:9 **230,000** [2] - 31:21, 30-milligram [3] -**085** [1] - 136:5 107 [1] - 2:24 198 [2] - 87:7, 91:2 122:14 30:19, 60:19, 61:19 **086** [1] - 136:5 **11** [1] - 78:20 **19806** [1] - 1:23 23:16 [3] - 40:19, 30-minute [2] - 27:18, **110** [1] - 2:23 **1982** [1] - 53:2 40:23, 41:10 50:8 **24** [5] - 42:19, 42:20, 1 **11:05** [1] - 107:18 **1984** [1] - 92:7 300 [13] - 3:4, 3:4, 3:5, **11:17** [1] - 107:18 **1988** [1] - 91:20 43:25, 76:17, 107:2 1 [31] - 9:9, 35:10, 3:5, 3:6, 3:6, 3:7, **12** [11] - 38:21, 58:2, **19899** [1] - 1:14 240 [8] - 25:17, 25:24, 36:4, 36:18, 36:23, 3:8, 3:13, 3:14, 3:14, 74:15, 82:4, 113:15, 1990s [1] - 134:6 26:11, 50:3, 70:1, 39:15, 40:2, 40:4, 3:15 116:12, 117:13, 71:8, 71:10, 109:22 40:6, 50:1, 54:19, 30:10 [24] - 30:16, 117:14, 120:21, **240,000** [1] - 122:25 2 55:15, 59:15, 67:10, 33:3, 34:22, 35:23, 120:23, 120:24 **245** [1] - 2:3 79:13, 79:14, 79:15, 36:15, 39:19, 39:21, **120** [4] - 27:24, 35:19, 2 [32] - 15:12, 37:12, **25** [8] - 17:13, 36:12, 79:16, 79:20, 80:6, 40:10, 40:17, 40:22, 42:22, 117:21 37:24, 38:2, 38:9, 36:13, 38:24, 38:25, 81:2, 81:14, 81:22, 40:24, 42:4, 43:2, 1200 [1] - 1:23 38:12, 38:14, 47:5, 39:10, 43:3, 109:25 85:15, 85:16, 87:14, 43:4, 46:5, 76:13, **1201** [1] - 1:13 55:15, 55:20, 62:4, **250** [3] - 58:2, 64:10, 113:14, 116:14, 87:19, 88:12, 67:8, 68:12, 68:20, **121** [1] - 2:25 70:13 132:5, 134:21, 107:25, 110:16, 70:14, 70:16, 105:2, **127** [1] - 2:22 **26** [6] - 25:21, 41:6, 136:16 126:12, 127:15, 105:5, 105:8, 109:4, 43:13, 84:16, 118:1, 12:07 [1] - 138:23 1-hour [1] - 39:6 132:15, 136:21 110:24, 111:15, 119.9 **13** [2] - 39:3, 48:3 1.0 [5] - 76:2, 77:5, 30s [1] - 129:13 112:3, 112:5, 113:7, **26.4** [1] - 15:18 **13.6** [1] - 15:18 79:21, 87:14, 138:13 31 [1] - 28:10 113:15, 115:5, **27** [6] - 6:22, 6:24, **131** [1] - 2:15 1.029 [1] - 27:23 **32** [3] - 1:16, 104:14, 122:17, 128:25, **1347** [1] - 1:13 84:2, 84:3, 118:1, **1.1** [38] - 23:11, 25:11, 104:15 129:2, 130:2, 130:4 126:20 **135** [1] - 95:15 25:13, 25:19, 34:21, **329** [1] - 2:5 2-hour [1] - 39:6 28 [3] - 6:22, 26:8, **136** [1] - 96:12 33 [2] - 84:2, 84:4 35:2, 35:12, 37:6, 2.2 [2] - 64:25, 70:14 130:22 **14** [4] - 47:22, 48:3, 38:2, 38:9, 38:14, **332** [1] - 3:10 2.3 [1] - 70:14 71:4, 84:19 39:5, 42:5, 42:14, **334** [1] - 3:4 2.4 [1] - 25:16 3 **15** [7] - 5:2, 30:25, 64:19, 64:21, 66:25, **335** [1] - 3:5 20 [17] - 11:5, 11:11, 80:16, 80:20, 86:5, 67:5, 68:7, 68:12, 338 [1] - 3:11 3 [16] - 5:7, 35:10, 30:25, 37:7, 37:8, 120:16, 136:9 68:20, 69:4, 104:25, 348 [1] - 3:9 56:3, 68:25, 70:7, 38:21, 39:3, 42:3, **150** [6] - 50:3, 110:18, 105:1, 105:8, 70:10, 79:13, 80:19, 46:22, 54:16, 54:20, **349** [1] - 3:8 111:8, 116:1, 110:24, 111:7, 90:13, 111:7, 55:15, 63:4, 65:3, **351** [1] - 3:21 117:20, 117:24 111:15, 111:21, 114:13, 123:16, 116:14, 130:1, 130:2 **353** [1] - 3:9 **16** [9] - 30:25, 40:12, 111:25, 112:14, 123:17 3.2.P.1 [1] - 89:25 356 [1] - 3:5 40:13, 40:16, 79:14, 113:10, 113:14, 2000s [1] - 134:7 30 [69] - 13:19, 13:25, 362 [1] - 3:19 86:22, 105:9, 115:5, 115:9, **2002** [1] - 13:21 17:6, 17:12, 18:3, **365** [2] - 3:11, 3:18 105:13, 136:11 117:21, 119:15 19:7, 19:16, 20:10, 2003 [1] - 40:3 366 [1] - 2:6 **167** [1] - 2:4 **1.5** [1] - 128:11 2006 [1] - 84:16 20:23, 23:5, 23:17, 37 [4] - 129:14, **17** [8] - 8:15, 89:13, **10** [42] - 5:6, 13:19, **2011** [2] - 14:9, 61:13 23:20, 26:18, 27:2, 129:16, 129:17 105:4, 105:5,

<b>376</b> [1] - 2:7	<b>496</b> [1] - 3:9	130:6, 130:9	8	74:12, 74:13, 74:23,
<b>38</b> [3] - 15:10, 31:22,	<b>497</b> [1] - 3:9	<b>6,000</b> [2] <b>-</b> 44:19,	0	75:3, 76:14, 76:18,
129:17	<b>499</b> [1] - 3:11	122:24	<b>8</b> [22] - 17:16, 17:19,	76:24, 108:21,
<b>380</b> [1] - 3:10	400 [i] - 0.11	6,000-capsule [1] -	17:23, 18:8, 19:5,	125:10, 125:23,
<b>386</b> [1] - 3:19	5	31:16	19:10, 20:17, 25:25,	126:8, 127:12,
<b>387</b> [1] - 3:3	5	<b>6.5</b> [1] - 114:12	27:13, 29:13, 33:8,	129:11, 134:3,
<b>388</b> [1] - 3:12	<b>5</b> [15] - 5:6, 36:4, 54:2,	<b>60</b> [4] - 2:25, 42:22,	33:20, 34:13, 53:7,	134:10
<b>389</b> [1] - 3:10	65:1, 66:2, 69:4,	70:8, 111:8	57:17, 71:17,	absorption's [1] -
	75:2, 112:16,	<b>601</b> [1] - 1:9	116:14, 127:19,	75:17
<b>39</b> [1] - 86:20	114:11, 116:12,	<b>60654</b> [1] - 1:21	127:21, 133:5,	absorptive [1] - 73:19
<b>396</b> [1] - 3:22	120:22, 120:24,	<b>61</b> [2] - 41:3, 47:24	135:1, 135:17	academic [1] - 55:23
<b>397</b> [1] - 3:24	125:9, 130:2, 130:4	<b>612</b> [1] - 3:16	<b>80</b> [3] - 58:6, 58:7,	acceptable [2] - 80:4,
	<b>5.5</b> [8] - 112:13,	<b>613</b> [11] - 2:10, 3:3,	58:10	122:6
4	112:16, 112:18,		<b>80s</b> [1] - 129:11	accepted [1] - 7:9
<b>4</b> [7] - 65:12, 70:16,	114:9, 114:11,	3:3, 3:6, 3:8, 3:16,	<b>8206740</b> [1] - 78:5	accomplished [1] -
70:18, 70:21, 109:2,	129:24, 129:25,	3:17, 3:20, 3:21,	<b>85</b> [2] - 2:18, 27:18	40:18
109:6, 125:9	130:4	3:24		accomplishments [1]
<b>4.5</b> [52] <b>-</b> 7:24, 8:18,	<b>50</b> [4] - 35:19, 43:8,	<b>62</b> [2] - 2:17, 47:24 <b>63</b> [1] - 2:19	<b>86</b> [1] - 2:19	- 59:21
<b>4.3</b> [52] <b>-</b> 7.24, 6.16, 9:1, 25:8, 25:11,	46:20, 46:21		<b>87</b> [2] - 2:24, 136:8	according [7] - 32:24,
9:1, 25:8, 25:11, 25:16, 25:18, 26:7,	<b>50-805</b> [1] - 84:15	<b>64</b> [2] - 117:25	<b>8:30</b> [2] - 1:10, 4:1	33:6, 41:19, 42:25,
26:13, 26:17, 26:25,	<b>500</b> [2] - 1:20, 3:13	<b>658</b> [1] - 2:12	^	44:21, 45:12, 120:22
20.13, 20.17, 20.23, 27:1, 27:5, 27:7,	<b>508</b> [1] - 3:15	<b>66</b> [4] - 2:16, 2:17,	9	account [2] - 29:7,
31:11, 32:1, 33:23,	<b>50s</b> [1] - 92:1	47:22, 48:3	<b>9</b> [6] - 1:10, 4:1, 37:12,	31:14
34:2, 34:22, 34:23,	<b>518</b> [1] - 3:6	<b>67</b> [4] - 47:22, 48:4,	54:25, 75:5, 139:9	accounts [1] - 22:17
44:4, 44:5, 44:6,	<b>52</b> [1] - 2:3	109:8, 109:19	<b>90</b> [1] - 129:15	
44:24, 45:2, 45:13,	<b>527</b> [1] - 3:17	<b>68</b> [2] - 49:25, 114:19	<b>900</b> [1] - 64:14	accurate [4] - 24:3,
45:17, 45:19, 45:24,	<b>53</b> [3] - 42:22, 48:14,	<b>69</b> [2] <b>-</b> 2:18, 49:25	<b>91</b> [5] - 2:20, 2:21,	28:20, 43:19, 116:23
68:13, 68:24, 69:4,	48:16	_	2:21, 2:22, 136:20	accurately [1] - 59:20
71:13, 71:15, 72:9,	<b>532</b> [22] - 13:13, 14:5,	7	<b>93</b> [1] - 136:25	accused [2] - 94:2, 110:17
110:14, 111:11,	14:12, 16:20, 30:25,	<b>7</b> [7] - 36:24, 40:5,	<b>94</b> [2] - 137:4, 137:8	
111:13, 111:15,	78:6, 78:25, 79:14,	70:15, 70:16, 109:5,	<b>95</b> [1] - 137:8	<b>achieve</b> [8] - 13:16, 13:18, 14:2, 19:20,
114:7, 114:9,	80:7, 80:8, 80:12,	116:14, 130:9	<b>96</b> [1] - 137:8	27:20, 75:20, 133:1,
114:12, 114:13,	80:17, 80:20, 81:1,	<b>7.0</b> [1] - 38:3	<b>97</b> [1] - 2:16	135:15
115:19, 116:10,	83:23, 131:21,	<b>7.5</b> [4] - 68:14, 68:24,	<b>98</b> [1] - 137:16	achieved [1] - 76:12
117:17, 117:21,	132:5, 134:21,	111:13, 114:13		acid [6] - 67:2, 73:22,
119:16, 124:4,	136:19, 136:21,	<b>70</b> [1] - 100:10	<b>99</b> [3] - 3:18, 40:6, 93:15	112:12, 119:15,
129:21, 132:11	137:1, 137:10	<b>70:30</b> [1] - 40:6	30.13	133:18
<b>40</b> [11] - 13:23, 17:6,	<b>54</b> [1] - 35:19	<b>70:30</b> [1] - 40:0	۸	acidic [4] - 25:11,
39:4, 70:7, 77:19,	<b>55</b> [12] <b>-</b> 8:15, 27:17,	<b>73</b> [1] - 50:13	Α	37:16, 112:22,
104:14, 104:15,	41:12, 41:13, 42:15,		<b>a.m</b> [4] - 1:10, 4:1,	112:23
116:17, 117:25,	42:22, 42:23, 43:9,	<b>740</b> [22] - 13:13, 14:5, 16:20, 30:25, 78:5,	107:18	acids [1] - 73:22
131:24, 135:3	45:14, 47:24, 48:17,	78:25, 79:13, 79:15,	a10-milligram [1] -	acne [3] - 75:23,
40-milligram [1] -	115:6	78.25, 79.15, 79.15, 79:16, 80:6, 80:16,	60:19	136:10, 138:1
36:13	<b>55.4</b> [1] - 44:24	80:19, 81:2, 81:14,	ability [2] - 21:23,	acquired [2] - 53:23,
<b>400,000</b> [1] - 57:17	<b>559</b> [1] - 3:12	81:22, 85:15,	56:14	54:8
<b>403</b> [1] - 96:6	<b>55:45</b> [2] <b>-</b> 41:15,	136:19, 136:20,	<b>able</b> [5] - 55:14, 64:6,	acrylic [3] - 106:17,
<b>404</b> [1] - 3:20	41:18	136:21, 136:25,	70:11, 98:5, 121:15	112:12, 133:18
<b>410</b> [1] - 3:4	<b>56</b> [2] - 42:23, 48:17	137:9, 137:13	above-entitled [1] -	action [1] - 14:24
<b>412</b> [1] - 2:8	<b>572</b> [2] <b>-</b> 3:7, 3:8	<b>75</b> [16] <b>-</b> 2:20, 17:12,	139:4	active [1] - 56:19
<b>430</b> [3] - 3:22, 3:23,	<b>58</b> [3] - 57:23, 58:1,	27:2, 27:12, 36:12,	absolutely [5] - 51:12,	activities [1] - 54:1
3:23	58:3	36:13, 38:23, 39:7,	93:5, 94:10, 111:24,	activities[1] - 66:11
<b>45</b> [5] - 41:13, 41:14,	<b>59</b> [2] <b>-</b> 57:25, 58:1	42:6, 43:5, 115:10,	133:22	actual [7] - 25:8,
46:21, 51:20, 88:7	.,,	116:16, 127:19,	absorb [2] - 55:12,	25:18, 42:9, 42:19,
<b>450</b> [2] - 125:17,	6	132:13	73:23	48:22, 98:24, 133:14
125:20		<b>75:25</b> [2] - 36:14, 42:7	absorbed [4] - 10:5,	add [5] - 19:11, 48:15,
<b>456</b> [1] - 3:11	<b>6</b> [12] <b>-</b> 1:20, 36:19,	<b>75th</b> [1] - 70:18	72:17, 74:20	70:14, 137:12,
<b>46</b> [1] - 88:9	69:6, 104:11,	<b>7749532</b> [1] - 78:5	absorption [25] -	138:21
<b>467</b> [1] - 2:9	116:14, 117:13,	<b>79</b> [2] - 2:14, 2:15	13:22, 55:11, 61:10,	added [2] - 59:10,
<b>474</b> [1] - 3:10	117:14, 125:13,	- <u> </u>	72:15, 72:20, 72:21,	133:15
<b>494</b> [1] - 3:7	128:25, 129:2,		72:24, 73:5, 74:10,	Adderall [6] - 16:13,
			, , ,	[5]

54:5, 58:14, 104:13, 104:14, 113:8 adding [4] - 28:3, 48:18, 116:3, 119:16 addition [3] - 61:9, 64:15. 68:23 additional [6] - 27:12, 27:13, 34:5, 53:7, 115:22, 116:7 address [1] - 6:1 addressed [4] - 7:2, 7:3, 7:15, 83:24 adequately [1] - 97:22 adhere [4] - 21:24, 98:5, 99:9, 106:22 adhering [1] - 99:9 adhesion [1] - 98:7 adhesive [1] - 133:25 adjective [1] - 73:10 adjust [1] - 5:4 administer [1] - 71:8 administered [1] -109:22 administration [25] -17:14, 22:2, 26:7, 26:11, 29:18, 38:10, 38:12, 39:11, 41:24, 42:2, 65:5, 71:15, 81:25, 83:3, 83:6, 106:2, 108:3, 109:1, 117:19, 127:21, 132:12, 133:4, 135:5. 135:17. 135:21 admissibility [1] admissible [1] - 101:4 admit [5] - 35:18, 35:20, 82:14, 82:16, 86.2 admits [1] - 41:11 admitted [39] - 60:3, 62:21, 62:22, 63:16, 63:17, 65:24, 65:25, 66:19, 66:20, 69:21, 69:22, 72:7, 75:14, 75:15, 79:8, 79:9, 83:15, 85:7, 85:8, 86:17, 86:18, 87:10, 87:11, 91:3, 91:6, 91:10, 97:10, 99:21, 99:22, 107:12, 107:13, 110:11, 110:12, 121:11, 121:13, 127:7, 127:8, 131:11, 131:12 **ADMITTED**[3] - 2:14, adopted [1] - 29:22

Adrianne [1] - 4:16 **ADRIANNE**[1] - 1:19 adult [1] - 13:8 advisement [1] - 8:6 affairs [1] - 54:14 affect [2] - 123:20, 128:15 affected [1] - 56:14 affects [1] - 98:12 afield [2] - 95:23, 96:6 agitation [1] - 64:16 ago [4] - 12:3, 55:20, 122:17, 123:6 agree [4] - 34:2, 45:10, 78:17, 88:1 agreed [1] - 69:16 agrees [1] - 24:8 ahead [2] - 51:2, 114:24 air [4] - 98:24, 99:1, 123:2, 123:8 aliquot [1] - 120:24 alleges [1] - 60:22 allergy [1] - 53:20 allow [10] - 12:16, 29:25, 37:16, 97:4, 97:7, 98:9, 109:16, 109:17, 122:5, 122:9 allowed [5] - 33:18, 40:8, 40:11, 52:22, 109:12 allowing [3] - 48:11, 95:2, 124:20 allows [1] - 95:18 almost [7] - 55:20, 64:14. 89:8. 115:11. 118:7, 129:15, 138:8 alone [1] - 124:12 alter [2] - 29:10, 133:4 alternates [1] - 21:17 alters [1] - 81:16 Alyssa [1] - 4:11 amendments [2] -40:9, 99:15 American [1] - 56:18 Amgen [1] - 57:20 Amidon [3] - 66:5, 66:6, 66:8 amino [1] - 73:22 ammonium [5] -112:11, 112:12, 113:16, 113:18, 113:20 Amneal [8] - 15:2, 15:6, 16:3, 18:1, 35:1, 35:7, 35:13, 45:6 amount [9] - 19:6,

19:7, 26:1, 30:2,

56:12, 60:21, 100:8,

114:3, 115:12 amounted [1] - 21:10 amounts [2] - 44:22, 93.18 amoxicillin [1] - 138:9 analogous [2] - 14:19, analysis [2] - 136:20, 136:24 analyst [1] - 120:21 analyze [1] - 42:17 anatomical [1] -127:25 ANDA [101] - 13:11. 15:6, 15:24, 16:5, 17:9, 18:3, 18:22, 19:8, 19:18, 20:12, 20:16, 20:22, 20:25, 21:4, 23:2, 23:8, 23:20, 23:24, 24:2, 24:14, 24:24, 25:4, 25:5, 26:19, 27:2, 27:10, 28:12, 28:17, 28:20, 28:23, 29:9, 29:16, 30:14, 30:19, 30:22, 31:11, 31:20, 31:21, 42:9, 42:10, 43:1, 43:3, 43:7, 43:19, 44:2, 44:17, 44:20, 45:22, 53:19, 71:9, 78:3, 78:10, 78:11, 84:17, 84:24, 86:9, 87:2, 88:8, 88:11, 88:13, 88:14, 89:19, 90:1, 90:10, 90:18, 91:13, 102:10, 107:5, 107:6, 107:23, 108:11, 108:18, 109:23, 112:9, 115:1, 115:2, 115:6, 116:22, 122:13, 122:14, 122:20, 122:24, 123:7, 124:5, 124:9, 124:17, 125:21, 126:11, 127:11, 130:19, 131:3, 131:15, 131:16, 132:17, 133:7, 134:24, 135:22, 136:12, 137:17 Andrew [1] - 4:10 **ANDREW** [1] - 1:15 ane [1] - 60:5 anew [2] - 14:17, 14:19 animal [1] - 74:22 answer [11] - 7:7, 7:16, 8:9, 8:19, 8:22,

9:2, 10:8, 10:22, 44:9, 44:10, 109:13 answered [1] - 8:20 answering [1] - 94:25 anti [2] - 138:10, 138:16 anti-inflammatory [2] - 138:10, 138:16 antibacterial [1] -75:24 antibacterials [1] -52:18 antibiotic [8] - 13:17, 54:18, 76:3, 76:5, 76:20, 77:4, 138:8, 138:17 antibiotics [3] - 54:23, 54:24, 138:8 antifungals [1] - 52:18 antiinfectives [1] -52:18 antiinflammatory [3] -75:25, 76:16, 138:4 anyway [1] - 114:15 apart [2] - 49:14, 91:6 apologize [1] - 36:8 apparatus [2] - 64:8, 111:3 APPEARANCES[1] -1.11 appearances [1] - 4:5 applicants [2] - 39:24, 40.15 application [2] - 16:5, 84:15 **applied** [1] - 22:15 apply [5] - 14:16, 23:9, 37:18, 96:20, 100:20 **applying** [1] - 99:8 approach [2] - 6:11, 47:16 appropriate [3] - 7:24, 12:16, 107:15 approval [3] - 54:24, 72:11, 131:2 **approve** [1] - 24:19 approved [10] - 13:11, 20:3, 26:23, 42:12, 43:17, 43:18, 43:19, 43:21, 84:16, 130:21 approximation [1] -12:8 April [1] - 40:3 APS[1] - 56:23 aqueous [4] - 21:16, 21:17, 21:23, 22:3 Arden [1] - 56:22 area [7] - 7:4, 72:18,

72:19, 72:20, 99:6,

99:7, 126:4

argue [2] - 17:24, 97:22 arguing [2] - 14:22, 16:19 argument [6] - 12:2, 14:15, 18:1, 20:7, 25:23, 118:23 arguments [3] - 14:10, 16:25, 97:6 arrow [1] - 99:6 arrows [1] - 98:15 Arsht [1] - 1:12 art [4] - 65:8, 71:13, 77:9, 77:10 article [15] - 6:24, 7:25, 8:1, 9:15, 9:20, 10:11, 25:22, 66:12, 69:24, 70:24, 91:7, 108:25, 109:3, 109:11, 109:22 articles [7] - 8:1, 9:24, 26:4, 73:4, 73:6, 109:6, 109:14 aside [2] - 41:14, 45:4 aspects [4] - 25:1, 101:16, 108:14, 108:16 aspirated [1] - 70:7 asserted [17] - 15:17, 15:25, 16:16, 28:24, 30:21, 30:24, 32:6, 32:15, 39:13, 60:17, 61:20, 79:11, 79:13, 79:14, 84:11, 84:18, 85:13 assertion [1] - 94:24 assess [1] - 63:1 assist [1] - 52:8 assistance [1] - 52:12 assistant [1] - 55:24 associate [3] - 55:24, 55:25 associated [3] -78:10, 78:11, 91:23 Association [1] -56:18 association [1] -57:16 assuming [1] - 129:2 assumption [2] -34:20, 34:21 assurance [1] -116:24 AstraZeneca[1] -57:20 atmosphere [1] - 93:7 attempt [5] - 14:11, 31:6, 48:21, 109:10, 118:20 attempted [2] - 15:16,

30:5 attempting [1] - 50:15 attempts [1] - 15:25 119:5, 127:24 attention [4] - 30:7, 47:18, 54:7, 57:11 attenuated [1] - 97:4 attorney [1] - 15:7 audio [1] - 4:21 Austin [2] - 52:15, Australian [1] - 55:5 author [1] - 9:1 Authority [1] - 25:3 authority [1] - 24:16 **AVACHAT**[1] - 2:5 Avachat [8] - 23:23, 24:4, 24:22, 44:18, 46:9, 46:20, 108:9, 108:12 Avachat's [1] - 108:23 124:6, 124:9 available [1] - 92:4 average [13] - 29:13, 123:1 42:23, 49:5, 49:13, 65:3, 100:1, 102:3, battle [1] - 14:3 102:4, 103:6, 104:8, 105:22, 116:16, 127:25 averages [1] - 48:23 awarded [1] - 57:11 aware [2] - 8:3, 57:7 awful [1] - 91:19 axis [1] - 70:20 В Bachelor's [2] - 52:22, 44:25, 45:19 77:13 13:6, 52:20, 61:1,

background [6] -61:22, 72:15, 130:16 backup [1] - 34:10 backwards [1] - 70:20 bacteria [2] - 76:21, 138:12 bad [7] - 11:24, 11:25, 12:2, 12:4, 76:21, 119:23 ballpark [1] - 128:8 BanchiK [1] - 4:11 bar [2] - 10:16 barely [1] - 49:11 base [1] - 84:14 based [18] - 8:19, 23:7, 29:9, 31:21, 34:19, 34:20, 37:7, 43:18. 43:22. 64:7. 92:4. 92:5. 93:22. 93:24, 97:18, 97:24, 124:12, 131:15 basic [8] - 54:15,

66:22, 66:23, 73:9, 112:24, 113:18, basis [11] - 10:11, 11:2, 11:17, 12:11, 49:13, 94:5, 94:23, 101:8. 101:13. 103:12. 120:12 batch [36] - 24:5, 24:9, 24:12, 24:17, 31:16, 31:19, 31:22, 42:10, 43:7, 44:15, 44:17, 45:24, 98:21, 98:23, 104:7, 105:4, 105:7, 106:8, 106:10, 119:23, 119:24, 121:25, 122:13, 122:20, 122:23, 122:24, 123:4, 123:5, 123:7, 124:5, batches [2] - 43:3, bathroom [1] - 51:11 battle-tested [1] - 14:3 bead [7] - 36:20, 36:21, 36:22, 37:13, 37:21, 37:22, 38:17 beads [23] - 11:24, 12:1, 12:2, 12:4, 33:8, 33:13, 33:20, 34:1, 34:6, 34:14, 37:7, 37:8, 38:13, 38:14, 38:22, 41:14, 41:15, 44:5, 44:7, bears [1] - 117:5 became [5] - 54:1, 54:9, 55:8, 92:4, 97:25 become [4] - 52:23, 54:3, 113:17, 119:18 **becomes** [1] - 119:18 **BEFORE** [1] - 1:7 began [1] - 46:1 begin [1] - 13:2 beginning [3] - 41:3, 61:16, 73:13 begins [1] - 5:12 behalf [2] - 4:7, 13:4 belabor [1] - 39:14 bell [21] - 11:8, 11:14, 11:19, 11:20, 12:3, 12:6, 12:7, 12:11, 48:9, 48:21, 49:7,

100:25, 101:1,

101:8, 101:10,

101:14, 101:17,

101:19, 101:23,

57:20

101:25, 103:10 belong [1] - 49:3 below [4] - 75:1, 98:19, 99:9, 99:10 Bench [1] - 1:5 bench [1] - 5:1 Benckiser [1] - 30:6 beneficial [1] - 75:21 benefit [2] - 45:20, 130:15 best [5] - 14:1, 44:4, 66:8, 93:15, 119:12 better [5] - 28:7, 55:3, 111:3. 114:4. 120:25 between [17] - 13:16, 16:20, 22:8, 25:16, 43:2, 49:7, 69:5, 70:16, 98:16, 98:18, 98:24, 99:6, 106:11, 112:24, 114:13, 120:17, 124:5 biased [1] - 94:2 **BIBAS**[1] - 1:7 big [7] - 53:17, 53:22, 68:19, 104:13, 111:4, 134:6 bilayer [1] - 15:17 Bill [3] - 4:16, 120:5, 120:7 billion [2] - 53:22, 58:9 binder [1] - 6:9 **bio** [1] - 67:5 bioadhesion [1] -134:7 bioadhesive [2] -133:16, 133:19 bioavailability [2] -76:15, 134:10 biochem [1] - 130:16 bioequivalence [32] -20:1, 20:4, 20:5, 25:25, 26:2, 26:9, 26:11, 26:20, 26:21, 26:23, 26:25, 28:12, 31:13, 65:11, 71:6, 71:22, 108:20, 108:23, 109:23, 110:3, 122:25, 124:7, 124:24, 125:7, 126:5, 126:9, 126:23, 127:16, 129:19, 132:15, 135:24 biorelevant [1] -108:19 Biosciences [3] -52:15, 52:16, 55:19 biotech [2] - 57:19,

biotechnology [1] -57:3 bit [9] - 36:3, 59:2, 61:22, 65:5, 88:7, 103:13, 116:12, 116:13, 119:8 black [1] - 42:4 blew [1] - 119:6 block [1] - 10:25 **blood** [19] - 13:15, 14:2, 26:22, 29:8, 29:11, 34:10, 34:11, 34:17, 36:3, 39:25, 40:4, 50:21, 75:21, 79:19, 81:16, 124:2, 124:24, 125:16, 133:4 bloodstream [1] -72:16 blow [1] - 93:13 blowing [1] - 93:2 blue [3] - 36:8, 43:6, 98:15 board [1] - 55:7 boat [1] - 114:2 Bobbie [3] - 1:24, 139:6, 139:7 Bobbie\_Shanfelder @paed.uscourts. **gov** [1] - 1:25 Boda [1] - 4:16 **BODA** [1] - 1:19 body [16] - 13:23, 18:19, 25:14, 28:2, 29:8, 56:15, 63:25, 64:7, 64:9, 73:23, 73:24, 110:21, 118:4, 118:15, 133:9, 135:23 **boiled** [1] - 78:2 book [17] - 56:4, 59:12, 62:4, 65:12, 69:6, 71:16, 73:4, 75:5, 78:20, 82:4, 84:19, 86:21, 89:13, 95:6, 109:25, 119:9, 126:19 books [4] - 47:11, 47:12, 47:25, 48:1 bothered [1] - 51:13 bottom [7] - 95:25, 99:5, 99:6, 115:25, 121:21, 128:3 bound [1] - 14:22 **Box** [1] - 1:13 **box** [1] - 115:3 brain [1] - 94:10 brand [1] - 31:16

breach [1] - 77:5

break [15] - 5:2, 5:3,

5:4, 8:6, 10:20, 51:10, 51:11, 51:16, 51:20, 73:22, 107:16, 107:17, 107:18, 138:23 breaking [1] - 5:5 breaks [1] - 8:8 brief [1] - 13:6 briefly [5] - 20:9, 32:14, 39:13, 46:7, 53:3 bring [3] - 40:20, 122:4, 122:10 Bristol [2] - 53:10, 91:24 British [1] - 54:8 broad [2] - 40:2, 40:5 broader [1] - 4:10 broadest [2] - 39:17, 39.19 broadly [1] - 104:13 Broom [1] - 1:23 brought [1] - 30:6 brush [1] - 100:18 **BUCKTON**[1] - 2:9 Buckton [11] - 24:8, 31:5, 31:7, 31:15, 31:24, 46:14, 46:22, 78:15, 118:20, 119:13, 121:23 buffer [7] - 111:18, 116:4, 119:5, 119:6, 119:15, 120:22 **buffers** [1] - 64:23 bunch [1] - 70:6 bursting [1] - 27:20 business [1] - 52:16 **BY** [49] - 52:2, 58:24, 60:13, 62:23, 63:18, 65:6, 66:1, 66:21, 68:6, 69:23, 72:13, 74:9, 75:4, 75:16, 77:1, 79:10, 82:22, 83:20, 85:9, 86:4, 86:19, 88:6, 89:10, 91:11, 95:4, 96:7, 97:11, 99:11, 99:23, 102:7, 104:4, 106:4, 107:21. 109:18. 110:13. 114:17. 117:10. 118:19. 120:2, 121:14, 124:15, 126:18, 127:9, 130:18, 131:13, 132:3, 134:16, 136:7, 137:14 Byrne [1] - 1:8

#### C

C-max [4] - 125:8, 125:20, 125:22, 126:4 Cahill [2] - 1:16, 4:9 calms [1] - 76:1 cancer [1] - 91:24 candy [1] - 89:2 cap [1] - 44:19 capsule [14] - 27:7, 27:16. 31:22. 38:20. 38:22, 39:1, 39:5, 39:6, 39:11, 42:14, 42:22, 43:15, 110:25, 119:6 capsules [25] - 27:19, 33:24, 34:1, 43:23, 44:7, 44:19, 44:22, 45:8, 45:13, 45:18, 45:20, 53:16, 56:8, 84:16, 88:21, 97:19, 110:24, 116:12, 117:11, 121:22, 122:14, 122:24, 122:25, 126:24, 133:15 Carbatrol [2] - 54:6, 58:14 carcinogen [2] - 92:19 care [2] - 47:9, 92:13 career [4] - 56:12, 58:5, 74:16, 91:19 careers [1] - 58:19 carefully [2] - 62:1, 138:20 cares [1] - 126:1 cartoon [5] - 12:19, 12:20, 48:12, 100:25, 101:4 case [66] - 6:25, 7:5, 8:17, 8:25, 9:2, 9:20, 9:22, 13:4, 14:8, 14:14, 15:11, 15:15, 16:4, 16:16, 16:17, 17:15, 18:13, 24:16, 30:5, 30:6, 30:8, 30:13, 30:24, 32:19, 33:4, 33:25, 34:9, 34:25, 35:25, 40:16, 40:17, 41:6, 42:13, 44:12, 60:15, 61:12, 62:12, 63:21, 64:2, 64:5, 65:18, 67:1, 68:12, 69:12, 71:25, 73:2, 75:18, 77:24, 78:8, 79:2, 82:2, 83:8, 85:1, 86:11, 87:4, 87:19, 90:3, 90:20, 95:12, 110:6,

110:24, 112:19, 120:9, 127:1, 131:5 Case [1] - 4:3 cases [6] - 15:2, 17:2, 35:1, 41:10, 46:3 caught [2] - 54:7, 57:11 caused [1] - 22:13 causes [2] - 106:20, 138:17 caveat [1] - 12:16 **CDC** [1] - 95:9 CDC.gov [1] - 95:24 cellulose [1] - 133:17 cement [1] - 113:5 Centers [2] - 92:18, 95.9 CEO [6] - 54:18, 54:25, 55:4, 55:6, 55:8, 55:12 CEOs [1] - 57:21 certain [9] - 63:3, 63:23, 72:17, 89:4, 100:8, 106:14, 112:13, 114:3 certainly [7] - 5:17, 50:10, 67:8, 69:5, 118:7, 119:1, 122:5 certification [1] -14:25 certified [3] - 15:8, 28:19, 116:23 **certify** [1] - 139:3 chains [1] - 112:12 chair [1] - 57:3 chairman [4] - 54:17, 57:4, 57:13 challenge [2] - 45:9 challenges [5] - 14:7, 14:13, 15:1, 58:25, 121:23 chance [2] - 9:3, 12:5 Chang [42] - 13:5, 13:13, 14:7, 14:12, 15:1, 16:1, 16:17, 17:3, 17:10, 18:1, 30:14, 30:23, 32:6, 75:19, 75:20, 78:3, 78:4, 78:5, 78:6, 78:9, 78:13, 78:25, 79:11, 79:13, 79:14, 80:8, 80:16, 80:17, 80:19, 80:20, 83:23, 84:11, 84:13, 85:15, 85:20, 85:25, 88:13, 131:17, 131:21, 132:5, 134:21 chang [1] - 14:5 change [4] - 18:11,

111:18, 119:5,

119:16 changed [2] - 48:13, 111:18 changes [1] - 63:3 changing [2] - 111:14, 116:3 channels [3] - 106:21, 106:23, 106:25 chapters [2] - 56:4, 73.4 **charge** [1] - 53:10 charitable [1] - 121:25 **chart** [2] - 98:1, 125:5 charter [1] - 56:18 **checked** [1] - 58:9 chemical [1] - 52:17 chemist [1] - 112:21 **chemists** [1] - 134:12 **cherry** [3] - 31:8, 43:23, 44:1 cherry-picked [1] -31:8 Chicago [2] - 1:21, 4:17 chief [2] - 52:14, 55:4 child [1] - 89:3 chloride [24] - 21:6, 21:13, 21:16, 21:23, 91:15, 91:17, 91:18, 91:21, 91:25, 92:3, 92:22, 92:24, 93:12, 93:17, 94:18, 95:10, 95:18, 96:10, 96:19, 97:13, 97:16, 97:17, 98:8, 108:7 choices [2] - 21:5, 21:9 **choose** [1] - 57:8 Christos [1] - 69:10 circled [1] - 121:18 Circuit [2] - 24:16, 25:3 circular [2] - 99:2, 99:3 cited [8] - 7:2, 7:23, 8:3, 8:25, 9:19, 10:14, 24:16, 30:4 Civil [2] - 1:3, 1:5 civil [1] - 5:1 claim [33] - 20:10, 30:4, 30:24, 32:20, 32:23, 39:25, 40:4, 40:5, 50:9, 80:16, 80:19, 80:20, 80:22, 81:9, 83:2, 83:4, 83:25, 84:7, 85:14, 131:19, 131:21, 132:17, 132:21, 134:18, 134:25, 135:6, 136:1,

136:10, 136:13, 137:9 Claim [23] - 30:25, 39:15, 40:2, 78:12, 79:15, 79:16, 80:6, 81:2, 81:7, 81:12, 81:14. 81:22. 82:6. 83:10, 83:12, 84:5, 85:15, 85:16, 132:5, 134:21, 136:9, 136:11, 136:15 claimed [7] - 19:18, 29:2, 29:4, 29:21, 29:25, 33:3, 42:4 **Claims** [1] - 30:25 claims [40] - 15:17, 15:25, 16:1, 16:16, 16:23, 18:17, 18:18, 28:24, 29:6, 30:21, 30:23, 30:24, 31:1, 31:2, 32:6, 39:13, 39:17, 39:19, 39:22, 39:24, 40:7, 40:10, 40:13, 40:20, 57:25, 60:17, 61:20, 79:11, 79:13, 79:14, 80:17, 80:24, 81:4, 81:6, 84:11, 84:18, 85:13, 137:13 Claritin [1] - 53:19 clear [4] - 8:24, 32:24, 64:1, 127:17 clearly [3] - 24:15, 42:14, 43:14 clerk [1] - 6:10 clever [1] - 113:21 cleverly [1] - 16:1 client [1] - 4:10 clinical [6] - 54:10, 54:11, 54:14, 55:15, 86:8, 110:3 Clinton [2] - 137:23, 137:24 clock [1] - 111:19 close [5] - 12:8, 33:2, 35:22, 46:5, 112:16 closely [1] - 23:3 closing [1] - 5:4 co [1] - 4:8 co-counsel [1] - 4:8 coasting [1] - 92:25 coat [36] - 19:23, 20:20, 20:22, 21:5, 21:8, 21:18, 21:23, 22:12, 22:15, 22:18, 22:21, 22:24, 22:25, 23:8, 41:15, 88:11, 88:20, 88:21, 89:6, 91:16, 97:16, 97:17, 97:18, 97:19, 99:7,

103:20, 106:15, 108:4, 108:5, 108:7, 116:20, 133:7, 135:20 coated [9] - 49:8, 80:13, 98:6, 103:6, 104:15. 116:9. 116:10. 116:11 coating [43] - 16:24, 21:10, 23:3, 33:15, 33:16, 33:17, 37:14, 37:15, 37:19, 37:20, 37:21, 49:5, 49:13, 56:7, 88:19, 93:1, 93:13, 98:5, 98:16, 98:17, 98:20, 98:25, 100:2, 100:3, 100:7, 100:8, 100:10, 100:15, 100:20, 102:16, 102:24, 103:19, 103:21, 104:8, 105:17, 105:19, 106:13, 106:17, 106:19, 106:22, 106:24, 114:6, 123:11 coatings [14] - 22:19, 92:4, 92:5, 93:22, 93:25, 97:20, 97:21, 97:24, 98:2, 100:6, 106:17, 114:8, 132:9, 137:9 coats [1] - 21:25 COCHRAN [97] - 1:15, 47:1, 47:5, 48:23, 49:17, 51:22, 52:2, 58:24, 59:23, 60:4, 60:13, 62:17, 62:23, 63:12, 63:18, 65:6, 65:20, 66:1, 66:15, 66:21, 68:6, 69:14, 69:23, 72:2, 72:13, 74:9, 75:4, 75:11, 75:16, 77:1, 79:4, 79:10, 82:9, 82:21, 82:22, 83:20, 85:3, 85:9, 85:21, 86:1, 86:4, 86:13, 86:19, 87:6, 87:20, 88:6, 89:10, 90:22, 91:4, 91:8, 91:11, 94:18, 95:3, 95:4, 95:14, 95:24, 96:3, 96:7, 96:21, 97:9, 97:11, 99:11, 99:17, 99:23, 101:9, 102:7, 104:4, 106:4, 107:8, 107:20, 107:21, 109:15, 109:18, 110:8, 110:13,

114:17, 117:10, 118:19, 120:2, 121:7, 121:12, 121:14, 122:7, 124:15, 126:18, 127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22 Cochran [4] - 2:3, 2:6, 2:12, 4:10 coinventor [1] - 57:23 cold [1] - 53:20 CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialization [2] - 16:11, 60:6 commercialization [2] - 16:11, 60:6 commercialization [2] - 16:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24, 93:3, 109:3
118:19, 120:2, 121:7, 121:12, 121:14, 122:7, 124:15, 126:18, 127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
121:7, 121:12, 121:14, 122:7, 124:15, 126:18, 127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [1] - 58:25  common [6] - 58:16, 58:18, 92:6, 92:24,
121:14, 122:7, 124:15, 126:18, 127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23 cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10  Comfort [1] - 58:15 coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialization [2] - 16:11, 60:6 commercializating [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
124:15, 126:18, 127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
124:15, 126:18, 127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
127:3, 127:9, 130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
130:18, 131:7, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 16:11, 60:6  commercialization [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [7] - 57:23  cold [7] - 53:20  CollaGenex [7] - 13:21  collectively [7] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [7] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [7] - 36:10  Comfort [7] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [7] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [7] - 58:25  commissioned [7] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
132:3, 134:16, 136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
136:6, 136:7, 137:14, 138:22  Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
137:14, 138:22 Cochran [4] - 2:3, 2:6, 2:12, 4:10 coinventor [1] - 57:23 cold [1] - 53:20 CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialization [2] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
137:14, 138:22 Cochran [4] - 2:3, 2:6, 2:12, 4:10 coinventor [1] - 57:23 cold [1] - 53:20 CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialization [2] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
Cochran [4] - 2:3, 2:6, 2:12, 4:10  coinventor [1] - 57:23  cold [1] - 53:20  CollaGenex [1] - 13:21  collectively [1] - 58:7  colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialization [2] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
2:12, 4:10 coinventor [1] - 57:23 cold [1] - 53:20 CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
coinventor [1] - 57:23 cold [1] - 53:20 CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
cold [1] - 53:20 CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
CollaGenex [1] - 13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
13:21 collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
collectively [1] - 58:7 colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
colon [7] - 68:5, 74:4, 75:1, 128:7, 129:5, 129:6, 129:7  Colon [1] - 74:5  combination [3] - 18:4, 29:12, 38:20  combined [1] - 36:10  Comfort [1] - 58:15  coming [2] - 35:20, 83:10  commercial [3] - 16:14, 37:20, 84:12  commercialization [2] - 16:11, 60:6  commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
75:1, 128:7, 129:5, 129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
129:6, 129:7 Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
Colon [1] - 74:5 combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
combination [3] - 18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
18:4, 29:12, 38:20 combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
combined [1] - 36:10 Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
Comfort [1] - 58:15 coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
coming [2] - 35:20, 83:10 commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
83:10  commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
commercial [3] - 16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
16:14, 37:20, 84:12 commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
commercialization [2] - 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
- 16:11, 60:6 commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
commercialized [5] - 58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
58:5, 58:8, 58:10, 58:17, 104:11 commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
58:17, 104:11  commercializing [1] - 58:25  commissioned [1] - 13:22  common [6] - 58:16, 58:18, 92:6, 92:24,
commercializing [1] - 58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
58:25 commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
commissioned [1] - 13:22 common [6] - 58:16, 58:18, 92:6, 92:24,
13:22 <b>common</b> [6] - 58:16, 58:18, 92:6, 92:24,
<b>common</b> [6] - 58:16, 58:18, 92:6, 92:24,
58:18, 92:6, 92:24,
58:18, 92:6, 92:24,
93.3. IU9.3
<b>community</b> [1] - 26:4
companies [3] -
57:18, 57:19, 57:20
company [17] - 53:15,
54:4, 54:8, 54:18,
54:19, 54:23, 54:25,
55:5, 55:6, 55:9,
55:10, 55:12, 55:16,
55:17, 113:22, 134:8
comparable [1] - 28:1
compare [1] - 26:21
= compared to 20.5
compared [3] - 22:5,
102:18, 117:1
102:18, 117:1 <b>comparing</b> [1] - 115:1
102:18, 117:1 <b>comparing</b> [1] - 115:1
102:18, 117:1 comparing [1] - 115:1 compatible [1] - 21:19
102:18, 117:1 comparing [1] - 115:1 compatible [1] - 21:19 complaining [1] -
102:18, 117:1 comparing [1] - 115:1 compatible [1] - 21:19

```
33:9, 33:20, 34:7,
 45:1, 45:2, 93:12,
 103:11, 118:15
complex [1] - 10:3
complicated [1] -
 88:17
complimentary [1] -
 9:13
component [4] - 36:7,
 36:9, 40:1, 127:19
components [5] -
 13:20, 15:13, 36:17,
 59:1, 80:11
composed [1] - 19:1
composites [1] - 43:7
composition [34] -
 17:25, 27:6, 28:15,
 30:1, 30:16, 31:2,
 32:23, 34:16, 36:2,
 36:6, 39:16, 39:21,
 39:25, 40:4, 40:12,
 42:4, 46:15, 50:15,
 79:17, 79:23, 80:23,
 80:24, 83:2, 83:4,
 85:17, 87:13, 88:12,
 90:1, 107:25,
 131:22, 132:5,
 132:24, 135:12,
 136:13
compositions [1] -
 46:13
compound [2] - 62:1,
 113:10
compounds [3] -
 55:14, 55:17, 59:6
comprising [3] -
 79:24, 80:1, 132:6
compromise [1] - 74:2
compromised [1] -
 21:10
compromises [1] -
 21.21
concede [1] - 119:20
concentration [5] -
 50:16, 125:8,
 125:16, 125:17,
 125:21
concentrations [1] -
 28:16
concept [4] - 11:20,
 11:21, 103:18,
 103:22
concepts [2] - 39:14,
 60:23
conceptualized [1] -
 29:21
concern [4] - 64:6,
 68:18, 77:4, 91:17
concerning [1] - 92:17
concluded [1] -
```

127:11 conclusion [4] - 16:3, 32:5, 126:11, 131:16 conclusions [2] -12:21, 131:14 condition [9] - 8:19, 9:2, 25:19, 26:13, 35:2, 35:12, 37:6, 37:16, 76:7 conditions [7] - 7:24, 26:6, 35:1, 62:2, 71:5, 81:10, 84:9 conducted [2] - 13:24, 33:25 conducting [3] -25:25, 26:2, 28:2 confections [1] - 89:2 Conference [1] -56:22 conferences [1] -56:24 confirm [2] - 35:2, 109:7 confirmed [1] - 24:3 confirming [1] - 39:10 confirms [1] - 108:11 Congressman [1] -92:16 **connected** [1] - 16:7 consider [12] - 62:11, 66:14. 67:5. 69:11. 71:24, 82:17, 84:25, 92:18, 110:5, 126:25, 131:4, 136:11 considerably [2] -68:3, 122:24 consideration [1] -81:10 considered [2] -72:20, 78:14 considering [1] -28:18 consistent [3] - 17:6, 29:19, 65:2 consistently [1] - 64:5 consisting [3] - 39:16, 79:23, 132:6 consists [3] - 36:6, 132:7, 134:22 Construction [3] -81:7, 82:6, 83:12 construction [6] -18:17, 29:4, 29:20, 31:14, 81:9, 81:23 Constructions [4] -78:13, 81:12, 83:11, 84:6 constructions [1] -41:22

construed [12] -18:10, 18:18, 19:22, 29:25, 30:8, 30:10, 30:11, 50:9, 81:8, 81:15, 83:2, 84:7 contacted [2] - 25:15, 92:21 contain [1] - 44:21 contained [1] - 93:5 containing [4] - 59:1, 59:12, 132:24, 135:12 contains [5] - 18:22, 18:23, 43:15, 60:18 contention [1] - 132:8 contents [1] - 70:7 context [6] - 10:20, 11:22, 28:22, 31:4, 75:19, 108:20 contexts [1] - 30:9 continually [1] - 63:23 continue [2] - 33:10, 33:21 **continuing** [1] - 63:3 continuum [1] - 27:17 contradiction [2] -33:5, 33:12 contrary [1] - 30:3 contrast [4] - 22:3, 24:4, 43:2, 93:21 contrasts [1] - 80:6 contribute [1] - 30:1 contributes [1] -17:23 Control [2] - 92:18, 95:9 control [15] - 23:11, 23:13, 24:17, 25:13, 25:19, 25:20, 30:13, 56:9, 56:10, 63:22, 64:4, 104:22, 104:23, 118:12 controlled [4] - 53:10, 62:2, 68:16, 93:5 controlling [2] -24:15, 68:21 controls [3] - 24:19, 25:8, 95:19 convenient [1] - 120:1 Convention [1] - 57:2 convinced [1] - 54:17 copolymer [1] -133:18 copy [1] - 17:10 corporate [1] - 23:23 correct [27] - 5:21, 14:17, 14:18, 14:23, 14:24, 18:16, 20:2, 28:20, 38:7, 41:9,

52:9, 68:1, 69:17,

69:19, 74:7, 74:22, 76:10, 96:24, 116:15, 126:15, 130:14, 136:16, 136:22, 136:23, 137:2, 137:11, 139:3 **correlated** [1] - 118:9 correlation [1] - 66:11 correlations [1] -115:20 corroborate [1] -34:11 corroborated [1] -70:25 Council [2] - 57:14, 57:16 counsel [10] - 4:5, 4:8, 4:9, 7:19, 51:18, 52:12, 57:4, 57:5, 83:16, 112:7 count [1] - 73:16 couple [6] - 7:6, 10:4, 12:3, 41:21, 123:6, 128:16 course [3] - 21:12, 59:5, 138:16 COURT [241] - 1:1, 4:2, 4:13, 4:19, 4:22, 4:23, 5:13, 5:25, 6:2, 6:6, 6:8, 6:12, 6:16, 6:17, 6:18, 6:20, 7:19, 8:5, 8:14, 9:6, 9:10, 9:16, 9:23, 10:10, 10:16, 10:21, 10:24, 11:11, 11:16, 12:6, 12:8, 12:20, 13:1, 14:5, 14:15, 14:21, 15:3, 16:6, 16:19, 17:15, 17:20, 18:13, 19:10, 19:21, 25:10, 27:22, 28:5, 28:9, 32:11, 32:13, 38:4, 41:5, 43:22, 46:17, 46:24, 47:3, 47:11, 47:17, 47:20, 47:25, 48:5, 48:7, 48:11, 48:16, 48:19, 48:25, 49:10, 49:20, 50:5, 50:19, 51:2, 51:5, 51:25, 58:21, 59:25, 60:2, 60:8, 60:12, 62:14, 62:19, 62:21, 63:14, 63:16, 64:12, 65:22, 65:24, 66:17, 66:19, 67:11, 67:14, 67:18, 67:20, 67:23, 67:25, 69:16, 69:21, 72:4, 72:8, 72:11, 73:9, 73:13, 73:16, 73:20, 74:1,

74:5, 75:14, 76:8, 79:6, 79:8, 82:11, 82:13, 82:16, 83:15, 85:5, 85:7, 85:19, 85:23, 86:3, 86:15, 86:17, 87:8, 87:10, 87:12, 87:18, 87:23, 88:3, 88:22, 90:24, 91:2, 91:6, 92:6, 92:11, 92:14, 92:24, 93:3, 93:9, 93:16, 93:20, 94:5, 94:23, 95:16, 95:21, 96:1, 96:5, 96:23, 97:4, 99:1, 99:19, 99:21, 100:13, 100:16, 100:19, 101:3, 101:12. 101:17. 101:19, 101:24, 102:6, 102:25, 103:4, 103:12, 103:23, 104:3, 105:11, 105:18, 105:23, 107:10, 107:12, 107:14, 107:19, 109:16, 110:11, 111:6, 111:23, 111:25, 112:19, 112:21, 113:18, 113:24, 115:23, 116:5, 116:14, 116:18, 117:4, 117:20, 117:23, 118:5, 118:12, 119:10, 121:9, 121:11, 122:3, 122:9, 122:21, 123:2, 123:13, 123:21, 124:1, 124:18, 125:12, 125:16, 125:25, 126:13, 126:17, 127:5, 127:7, 127:24, 128:5, 128:11, 128:14, 128:18, 128:20, 128:23, 129:2, 129:5, 129:10, 129:13, 129:17, 129:25, 130:4, 130:8, 130:12, 130:15, 131:9, 131:11, 131:25, 133:10, 133:20, 134:3, 134:13, 136:5, 136:15, 136:18, 136:24, 137:3, 137:8, 137:12, 137:20, 138:5, 138:13, 138:19

court [3] - 4:20, 6:14, 6.16 Court [22] - 1:25, 4:3, 5:24. 6:5. 7:12. 18:10, 29:19, 29:22, 29:23, 30:8, 30:11, 31:7, 32:14, 45:4, 50:7, 81:15, 82:14, 83:2, 83:24, 117:5, 139:8 Court's [12] - 29:4, 29:20, 30:3, 30:4, 31:14, 41:22, 78:12, 81:7, 81:23, 82:6, 83:12, 83:13 **Courthouse** [1] - 1:8 courtroom [1] - 51:13 cover [5] - 13:5, 13:14, 60:17, 106:24, 120:21 covered [2] - 40:19, 84:11 covering [1] - 40:6 crafted [1] - 138:19 crazy [1] - 94:8 creams [1] - 53:16 create [5] - 20:23, 21:18, 76:20, 88:25, 114:18 created [2] - 113:22, 126:24 creating [2] - 53:5, 76:20 credible [2] - 33:16, 97:6 credit [1] - 17:16 cried [1] - 40:15 critical [1] - 39:23 criticize [2] - 37:2, 44:16 criticizing [1] - 123:13 cross [6] - 9:21, 10:2, 22:4, 48:18, 49:8, cross-examination [1] - 9:21 cross-examine [1] -10.2 CRR [2] - 1:24, 139:7 crux [1] - 113:1 cumulative [3] - 9:24, 53:21, 58:7 current [1] - 130:19 curve [22] - 11:8, 11:14, 11:19, 11:20, 12:3, 12:6, 12:7, 12:11, 22:20, 37:8, 48:9, 48:21, 100:25,

101:1, 101:7, 101:8,

101:10, 101:14,

53:22

101:17, 101:19, 101:23, 126:5 **curves** [10] - 49:7, 49:14, 49:18, 101:25, 103:10, 124:17, 124:23, 124:24, 125:6 **cuts** [1] - 89:5 **CV** [2] - 59:19, 59:20

## D

**D-55** [1] - 37:19 daily [5] - 13:6, 13:14, 79:19, 87:14, 131:24 data [71] - 23:7, 23:23, 24:1, 24:14, 25:4, 25:5, 25:7, 26:13, 26:17, 26:18, 26:22, 27:4, 27:7, 27:10, 27:17, 28:18, 31:9, 31:11, 31:12, 31:16, 31:21, 34:20, 35:12, 42:4, 42:10, 42:12, 42:14, 42:17, 42:18, 43:7, 43:25, 44:1, 44:2, 50:16, 61:5, 104:1, 104:3, 106:1, 108:10, 108:17, 108:19, 108:20, 110:14, 111:7, 111:10, 114:23, 114:25, 115:1, 116:22, 116:23, 116:25, 117:9, 118:18, 118:21, 121:24, 124:4, 124:12, 124:16, 124:25, 125:2, 125:15, 126:24, 127:11, 127:17, 131:15, 132:14, 132:15 date [2] - 122:18, 122:19 Date [1] - 139:9 Daubert [5] - 50:14, 50:16, 60:10, 72:5, 124:18 Dave [5] - 120:4, 120:7, 120:8, 120:9 David [1] - 4:11 day's [1] - 68:19 days [4] - 5:7, 10:4, 12:3, 123:6 DDX [2] - 35:10, 36:4 **DE** [2] - 1:14, 1:23 deadlines [1] - 9:6 deal [3] - 5:13, 8:7,

dealing [1] - 76:23 Deanna [1] - 66:5 death [1] - 91:24 decade [1] - 14:7 decide [2] - 17:21, 117:5 decided [3] - 55:16, 55:18, 81:5 deciding [2] - 14:17, 14:18 decision [2] - 21:12, 82:15 decrease [2] - 72:19 dedicated [1] - 58:19 defeats [1] - 106:19 defect [1] - 22:9 **Defendant** [1] - 37:4 Defendants [3] -14:16, 16:7, 32:9 DEFENDANTS[2] -1:18, 1:22 defense [4] - 4:13, 6:18, 24:7, 60:20 defer [1] - 51:21 define [1] - 61:24 definition [7] - 27:22, 77:8, 77:18, 77:23, 81:18, 82:1, 83:21 definitions [1] - 83:7 definitively [1] - 33:6 degree [6] - 52:21, 53:6, 53:8, 72:18, 77:14, 77:15 degrees [1] - 77:20 **DELAWARE**[1] - 1:1 Delaware [2] - 4:3, 4.15 delay [2] - 33:10, 37:15 delayed [53] - 13:20, 14:1, 15:11, 17:7, 17:18, 18:5, 18:9, 18:10, 18:24, 19:1, 19:2, 19:5, 19:8, 19:10, 20:17, 20:19, 20:24, 22:1, 22:25, 23:21, 27:8, 27:14, 28:15, 29:1, 29:13, 29:20, 30:1, 30:20, 32:1, 33:1, 33:7, 35:22, 37:11, 37:14, 37:22, 37:24, 41:24, 43:16, 46:5, 59:1, 60:19, 60:21, 80:1, 81:23, 82:1, 83:1, 83:3, 87:22, 88:2, 104:11, 116:8, 134:22, 137:4

delays [2] - 41:25,

83:4

deliberate [2] - 17:10, 21.13 deliberately [2] -19:23. 89:4 delivers [1] - 104:17 delivery [4] - 56:8, 56:15, 77:11 demonstrate [2] -20:21, 21:1 demonstrative [10] -5:20, 11:5, 12:19, 12:20, 12:24, 48:12, 49:21, 52:8, 101:3, 102:1 demonstratives [1] -5:23 denied [2] - 50:17, 60:10 dep [1] - 44:8 dependent [4] - 31:1, 80:19, 80:22, 136:11 deposited [1] - 21:22 deposition [24] - 7:4, 7:11, 7:15, 8:2, 8:9, 9:8, 9:14, 9:18, 10:5, 10:7, 10:20, 11:20, 11:23, 12:1, 12:13, 12:14, 12:15, 23:22, 70:24, 96:24, 108:9, 109:12, 122:8 depositions [1] -10:17 derivatives [1] -133:17 describe [3] - 32:24, 52:20, 53:3 description [1] - 89:25 design [11] - 15:16, 15:24, 16:10, 20:25, 21:4, 30:18, 60:5, 61:18, 64:8, 88:8, 88:12 designed [12] - 13:15, 20:19, 20:22, 37:9, 41:12, 43:12, 62:25, 88:11, 88:14, 107:23, 114:8, 132:10 designer [1] - 16:12 desired [1] - 108:22 desperate [1] - 119:25 despite [2] - 15:22, 23:4 detailed [1] - 102:4 detectible [1] - 23:10 **determine** [1] - 13:22 determined [1] - 13:25 determining [2] -24:20, 25:4 develop [4] - 52:17,

76:6, 108:14, 128:1 developed [6] - 53:18, 72:8, 74:14, 74:21, 76:11, 77:7 **developer** [1] - 16:13 developing [1] -127:14 development [21] -16:10, 46:10, 46:15, 52:15, 53:11, 53:13, 53:19, 53:25, 54:1, 54:13, 59:5, 60:5, 63:2, 77:21, 89:24, 90:9, 90:17, 105:4, 106:8, 106:10, 108:13 diameter [1] - 106:14 dictated [1] - 22:19 dictates [1] - 25:3 died [1] - 92:1 diet [1] - 130:10 diets [1] - 130:10 difference [8] - 15:12, 16:20, 22:6, 98:16, 98:18, 120:15, 120:17, 125:4 differences [5] -15:22, 15:23, 16:23, 137:13 different [30] - 13:23, 15:10, 17:25, 19:13, 19:16, 28:3, 30:5, 30:9, 30:10, 30:16, 32:16, 40:16, 43:25, 64:17, 81:2, 93:13, 97:21, 101:16, 103:10, 118:6, 123:1, 123:3, 123:19, 124:5, 124:10, 124:13, 132:23, 135:11 differently [2] - 88:5, 124.11 differs [1] - 122:23 difficult [1] - 57:8 dire [1] - 60:8 **DIRECT** [1] - 52:1 direct [4] - 47:4, 94:7, 94:24, 138:19 directly [1] - 28:1 director [1] - 53:24 disagree [1] - 44:14 disciplines [1] - 77:21 disclaimed [1] - 40:20 disclaimer [1] - 65:16 disclose [1] - 44:13 disclosed [7] - 7:17, 10:7, 11:9, 11:13, 11:21, 44:11 discover [1] - 52:17

discovery [1] - 11:1 discredit [1] - 118:21 discuss [1] - 22:23 discussed [6] - 18:21, 61:12, 80:25, 96:3, 122:8, 136:14 discussing [2] -47:14, 96:23 discussion [4] - 36:1, 36:2, 56:21, 83:17 discussions [1] - 64:1 Disease [2] - 92:18, disguised [1] - 16:1 dish [1] - 38:5 disorder [1] - 137:20 dispersion [1] - 36:19 **DisperSol** [1] - 55:9 dispositive [3] - 50:5, 50:8, 126:1 disproved [3] - 34:8, 34:15, 45:24 disproven [2] - 33:5, 34:23 disproves [1] - 45:2 dispute [22] - 13:9, 18:14, 18:17, 20:15, 28:23, 29:1, 35:3, 35:7, 41:3, 46:3, 50:24, 61:16, 85:19, 85:23, 85:25, 87:12, 87:13, 87:16, 87:21, 87:23, 87:24, 132:1 disputed [1] - 85:22 dissolution [32] -23:10, 25:7, 26:17, 27:5, 28:1, 28:4, 31:9, 31:16, 31:21, 37:5, 38:1, 42:3, 46:12, 55:11, 61:3, 61:23, 61:24, 61:25, 62:10, 62:24, 63:7, 63:19, 63:24, 65:8, 65:15, 66:9, 68:8, 108:19, 111:3, 114:25, 117:12, 120:18 dissolve [4] - 25:10, 38:11, 112:17, 112:23 dissolves [3] - 25:11, 114:1, 119:2 dissolving [2] -112:24, 129:22 distal [1] - 73:17 distinguishes [1] -41:5 distribution [16] -11:15, 11:17, 11:19, 22:20, 49:7, 89:7,

101:5, 101:7, 101:11, 101:13, 101:14, 101:16, 103:13, 105:24, 105:25 distributions [2] -48:22. 49:11 District [2] - 4:3 **DISTRICT** [2] - 1:1, 1:1 Docket [1] - 1:3 doctrine [16] - 15:14, 15:21, 17:5, 18:15, 19:14, 20:8, 20:11, 30:15, 78:4, 132:21, 134:18, 135:7, 135:10, 136:2, 136:12, 136:25 document [25] -59:16, 62:6, 63:6, 65:14, 66:4, 69:8, 71:19, 75:7, 84:21, 86:7, 86:10, 86:24, 87:3, 89:15, 89:21, 90:6, 90:14, 95:8, 96:9, 96:10, 99:13, 110:2, 114:13, 126:20, 130:24 documented [2] -61:10, 61:11 documents [6] -21:11, 59:12, 78:10, 78:11, 78:22 done [14] - 15:7, 42:2, 42:13, 49:6, 57:9, 73:2, 74:15, 88:25, 92:11, 120:10, 123:18, 133:10, 133:20, 133:21 dosage [18] - 36:10, 38:11, 53:11, 53:15, 56:7, 59:7, 63:8, 66:25, 68:10, 68:11, 68:17, 79:19, 87:14, 103:21, 114:14, 125:23, 134:8, 135:3 dose [8] - 36:13, 40:1, 68:18, 68:19, 68:21, 86:8, 138:6, 138:7 doses [3] - 138:4, 138:9 dots [1] - 138:2 doubly [1] - 126:6 doubly-hard [1] -126:6 doubt [2] - 45:21, 112:2 down [11] - 46:7, 53:25, 54:1, 70:11, 73:22, 76:1, 78:2, 88:18, 113:11,

113:16, 133:23 doxycycline [52] -13:6, 13:15, 13:16, 15:11, 15:18, 18:4, 18:23, 18:24, 22:1, 29:10, 29:16, 30:20, 31:25. 36:6. 36:20. 60:18. 60:22. 61:9. 61:13, 72:23, 72:24, 73:5, 74:10, 75:17, 77:3, 79:17, 79:20, 79:24, 80:2, 80:9, 80:10, 81:17, 84:2, 85:18, 87:13, 108:20, 115:9, 115:11, 126:23, 127:18, 127:22, 131:23, 131:24, 132:7, 132:13, 133:3, 133:5, 134:23, 135:16, 135:18, 138:3 doxycycline's [2] -13:22, 127:12 dozens [4] - 42:11, 43:18, 45:12, 73:4 DR [59] - 2:3, 2:9, 2:11, 13:20, 33:8, 33:13, 33:20, 34:6, 34:14, 35:2, 36:8, 36:12, 36:13, 36:14, 37:12, 37:22, 38:8, 38:12, 38:14, 38:17, 38:24, 38:25, 39:10, 39:17, 40:12, 40:13, 41:13, 41:15, 41:17, 41:22, 41:25, 42:7, 43:10, 44:5, 44:25, 61:17, 61:19, 76:13, 80:1, 80:11, 80:13, 83:1, 107:25, 108:2, 110:16, 117:16, 126:12, 127:13, 127:19, 127:23, 132:15, 133:5, 133:8, 134:22, 135:12, 135:18, 135:23, 135:25 **Dr** [79] - 8:16, 15:1, 16:9, 21:3, 21:12, 21:15, 22:7, 22:11, 22:23, 23:7, 24:1, 24:8, 25:23, 26:16, 27:4, 27:16, 28:7, 28:11, 31:5, 31:7, 31:15, 31:19, 31:24, 46:14, 46:22, 47:1, 49:17, 52:3, 52:13, 59:12, 60:4, 61:21, 62:24, 63:19, 65:7,

66:22, 68:7, 69:1, 69:24, 70:23, 71:5, 71:16, 72:14, 75:17, 78:1, 78:15, 80:23, 85:10, 88:9, 96:22, 97:12, 98:11, 99:24, 101:10, 102:9, 104:5, 107:2, 107:22, 109:19, 110:14, 110:17, 114:18, 117:11, 118:20, 119:3, 119:13, 120:3, 121:4, 121:23, 122:8, 126:19, 127:10, 127:24, 130:19, 134:17, 136:8, 137:15 draw [3] - 47:17, 50:23, 50:25 drawn [3] - 49:7, 50:6, 131:15 dries [1] - 93:12 drink [1] - 92:2 drinking [1] - 25:24 driven [2] - 24:12, 91:19 drop [1] - 74:25 dropped [2] - 12:1, 15:1 drug [62] - 16:11, 16:14, 21:20, 21:21, 37:9, 38:10, 38:11, 38:14, 38:18, 39:9, 42:6, 42:8, 42:15, 54:5, 56:8, 56:15, 57:10, 58:17, 58:20, 58:25, 59:3, 60:6, 63:1, 65:4, 66:22, 66:23, 68:17, 68:19, 70:1, 71:15, 74:18, 74:20, 76:19, 76:23, 77:11, 81:24, 83:3, 83:5, 84:15, 88:20, 89:18, 90:1, 93:20, 93:21, 94:1, 96:18, 97:3, 97:17, 97:18, 97:22, 106:23, 108:22, 109:2, 125:10, 125:11, 125:23, 126:8, 126:10, 132:6, 132:7, 134:22 drugs [9] - 55:12, 58:4, 62:15, 72:8, 72:16, 72:22, 96:20, 128:14 drying [2] - 93:4, 93:5 DTX-083 [3] - 99:12, 99:18, 99:22

DTV 404 to 2:40	DTV 95 (1) 2,40	120-15 122-15	entirely to 12:10	evaluation to F2.12
DTX-101 [1] - 3:19	DTX-85 [1] - 3:18	120:15, 133:15	entirely [3] - 12:10,	<b>evaluation</b> [2] <b>-</b> 53:12, 66:9
DTX-102 [1] - 3:20	DTX-86 [1] - 3:19	elected [1] - 57:21 electron [4] - 22:4,	30:9, 115:11	
DTX-109 [1] - 3:20	DTX-9 [1] - 3:4		entirety [1] - 74:1	evening [1] - 5:24
DTX-114 [1] - 3:21	due [2] - 92:2, 116:2	98:13, 106:7, 107:4	entities [1] - 52:17	event [1] - 19:12
DTX-124 [1] - 3:21	dumping [2] - 68:18,	electronic [1] - 104:21	entitled [2] - 12:10,	events [1] - 56:24
DTX-141 [1] - 3:22	68:21	element [5] - 20:10,	139:4	evidence [61] - 11:16,
DTX-142 [1] - 3:22	duodenum [21] -	132:21, 134:25,	environment [2] -	16:4, 17:4, 17:9,
DTX-148 [1] - 3:23	67:23, 67:25, 68:2,	135:6, 136:2	93:6, 112:22	18:2, 18:21, 19:18,
DTX-150 [1] - 3:23	68:4, 73:8, 73:11, 73:13, 74:2, 74:24,	elements [4] - 28:24, 28:25, 80:23, 80:24	<b>enzymes</b> [1] - 73:22 <b>EPA</b> [6] - 91:21, 92:8,	20:4, 20:9, 20:18, 20:21, 28:19, 29:9,
DTX-151 [1] - 3:24		eliminating [1] - 116:3	, , ,	30:18, 31:10, 31:18,
DTX-182 [1] - 3:24	112:18, 128:6, 128:9, 128:11,	eliminating [1] - 110.3	92:11, 96:10, 96:17,	32:2, 32:5, 32:15,
<b>DTX-200</b> [1] - 3:3			96:18	32:18, 32:19, 33:13,
DTX-23 [1] - 3:4	128:21, 129:11, 129:15, 129:19,	125:11	equal [1] - 109:5	33:16, 34:15, 40:21,
<b>DTX-24</b> [1] - 3:5		elucidated [1] - 29:23	equals [4] - 19:4, 19:5,	41:1, 43:11, 45:11,
<b>DTX-25</b> [1] - 3:5	129:22, 129:23, 130:4, 133:11	embodiment [2] -	125:10, 127:21	59:24, 62:18, 63:13,
<b>DTX-26</b> [1] - 3:6	Duodenum [1] - 67:24	37:20, 84:12	equates [1] - 35:21	66:16, 69:15, 72:3,
<b>DTX-27</b> [1] - 3:6	DUR [1] - 58:14	embody [1] - 85:20	<b>Equetro</b> [2] - 54:6,	75:12, 79:5, 82:10,
DTX-284 [1] - 3:3	duress [1] - 55:6	emerged [1] - 14:7	58:14	82:16, 82:18, 83:16,
DTX-313 [1] - 3:4	duress [1] - 55.6 during [9] - 8:7, 9:17,	emeritus [1] - 57:4	equilibrate [2] - 112:4,	83:18, 85:4, 86:1,
<b>DTX-32</b> [1] - 3:7	12:1, 23:10, 25:22,	emphasize [3] - 35:5,	121:2 equipment [1] -	86:14, 87:7, 89:11,
DTX-36 [1] - 3:7	36:25, 38:13, 59:5,	39:20, 45:16	equipment [1] - 123:11	90:23, 94:7, 94:25,
<b>DTX-37</b> [1] - 3:8	100:13	employed [1] - 52:13 Employee [1] - 54:19	equivalence [2] -	95:15, 96:15, 98:11,
<b>DTX-398</b> [1] - 3:4	dying [1] - 37:3	employment [1] - 54. 19	40:25, 46:6	99:18, 101:1,
<b>DTX-4.15</b> [1] - 3:3	dynamics [1] - 123:3	employment [1] - 59:21	40.25, 46.6 equivalent [9] - 17:5,	101:14, 105:23,
<b>DTX-40</b> [1] - 3:8	dynamics[i] - 125.5	end [8] - 32:17, 34:18,	20:8, 24:25, 30:21,	107:9, 110:9, 121:8,
<b>DTX-401</b> [1] - 3:5	E	34:25, 43:12, 46:1,	70:14, 95:1, 108:14,	127:4, 131:8
<b>DTX-402</b> [1] - 3:5	_	100:3, 116:15,	108:16, 133:9	Evonik [1] - 112:9
<b>DTX-405</b> [1] - 3:6	early [6] - 7:1, 56:12,	136:19	equivalents [16] -	exact [5] - 23:4, 30:12,
<b>DTX-420</b> [1] - 3:6	74:23, 91:18, 92:1,	ended [1] - 119:6	15:15, 15:21, 17:5,	33:13, 37:19, 42:12
DTX-422 [1] - 3:7	134:7	ends [1] - 18:19	18:15, 19:14, 20:8,	exactly [21] - 19:12,
<b>DTX-43</b> [1] - 3:9	earn [1] - 53:1	enforceability [1] -	20:12, 30:15, 78:4,	20:2, 22:18, 27:2,
DTX-44 [1] - 3:9	earned [1] - 58:8	16:18	132:22, 134:18,	36:16, 36:23, 39:4,
DTX-45 [1] - 3:10	easily [2] - 112:25,	engineered [1] - 17:11	135:7, 135:10,	41:18, 64:7, 71:7,
DTX-46 [1] - 3:10	115:10	enhance [1] - 56:14	136:2, 136:13,	87:25, 100:17,
DTX-47 [1] - 3:11	easy [1] - 36:19	ensure [3] - 21:5,	136:25	109:21, 110:15,
DTX-479 [1] - 3:7	eating [1] - 134:14	21:25, 103:21	<b>escape</b> [1] - 106:23	110:21, 115:8,
DTX-48 [1] - 3:11	<b>education</b> [2] - 59:20,	ensures [2] - 22:25,	especially [2] - 63:21,	115:13, 115:16,
DTX-49 [1] - 3:12	77:11	63:2	118:8	115:21, 119:10,
DTX-50 [1] - 3:12	educational [2] -	entailed [1] - 103:13	<b>ESQUIRE</b> [8] - 1:12,	124:14
<b>DTX-52</b> [1] - 3:13 <b>DTX-53</b> [1] - 3:13	52:20, 77:20	enter [3] - 4:5, 83:13,	1:15, 1:15, 1:18,	examination [4] -
	<b>Edward</b> [3] - 16:9,	131:8	1:18, 1:19, 1:19,	9:21, 47:4, 47:8,
DTX-54 [1] - 3:14	47:1, 52:5	entered [1] - 60:2	1:22	138:20
<b>DTX-55</b> [1] - 3:14 <b>DTX-56</b> [1] - 3:15	<b>EDWARD</b> [3] - 2:3,	enteric [36] - 16:23,	<b>essentially</b> [3] - 12:19,	<b>EXAMINATION</b> [2] -
DTX-56 [1] - 3:15 DTX-57 [1] - 3:15	2:11, 51:4	19:23, 20:20, 20:22,	16:24, 17:2	2:2, 52:1
DTX-57 [1] - 3.15 DTX-588 [1] - 3:8	effect [13] - 41:24,	21:5, 21:8, 21:10,	establish [1] - 31:13	examine [2] - 10:2,
DTX-604 [1] - 3:8	75:22, 75:24, 75:25,	21:25, 22:12, 22:15,	<b>estimate</b> [2] - 46:18,	12:5 examined [1] - 10:5
DTX-604 [1] - 3:8 DTX-605 [1] - 3:9	76:3, 76:17, 76:20,	22:18, 22:24, 33:15,	47:3	examined [1] - 10:5 examiner [2] - 40:12,
DTX-605 [1] - 3:9 DTX-606 [1] - 3:9	77:4, 97:14, 119:22,	37:14, 37:19, 41:15,	<b>estopped</b> [1] - 14:15	<b>examiner</b> [2] <b>-</b> 40:12, 40:17
DTX-606 [1] - 3.9 DTX-607 [1] - 3:10	138:4, 138:16,	80:14, 88:11, 88:21,	<b>estoppel</b> [1] - 14:16	example [6] - 36:18,
DTX-607 [1] - 3:10 DTX-611 [1] - 3:10	138:17	91:15, 97:19, 99:7,	etc [1] - 49:14	37:12, 37:13, 38:21,
DTX-613 [1] - 3:11	effective [1] - 75:21	100:7, 104:8, 104:9,	ethically [1] - 94:11	38:23, 42:19
DTX-614 [1] - 3:11	effects [2] - 13:17,	105:1, 108:4, 108:5,	Eudragit [10] - 23:4,	except [1] - 31:3
DTX-64 [1] - 3:16	94:19	113:1, 113:6, 114:8,	37:19, 100:10,	exception [1] - 81:1
DTX-64 [1] - 3:16 DTX-65 [1] - 3:16	efficacy [1] - 13:17	116:20, 120:18,	104:12, 112:9,	excerpt [3] - 62:9,
DTX-75 [1] - 3:17	efficient [1] - 122:5	123:3, 133:7, 135:20	113:21, 116:9,	89:24, 95:9
DTX-75[1] - 3:17 DTX-77[1] - 3:17	effort [1] - 134:6	entering [1] - 67:18	116:20, 119:2,	exchanged [1] - 5:24
DTX-8 [1] - 3:3	either [8] - 8:25, 20:11, 51:17, 56:14,	entire [6] - 22:15,	120:18	excipients [3] - 80:4,
DTX-83 [1] - 3:18	71:9, 109:22,	22:17, 58:19, 74:5,	evade [1] - 16:1	87:15, 137:8
21X 00 [i] = 0.10	11.0, 100.22,	100:21, 100:25	<b>evaluates</b> [1] - 61:25	-,

excluded [2] - 9:5, 109.11 exclusively [1] - 65:8 excretes [1] - 67:2 excuse [5] - 43:9, 106:9, 119:23, 120:1, 122:16 executive [1] - 46:9 exemplary [2] - 49:18, 101.10 exert [1] - 75:23 exhibit [5] - 42:9, 43:3, 43:7, 44:15, 86:21 Exhibit [20] - 60:3, 62:22, 63:17, 65:25, 66:20, 69:22, 72:7, 75:15, 79:9, 85:8, 86:18, 87:11, 91:9, 97:10, 99:22, 107:13, 110:12, 121:13, 127:8, 131.12 **EXHIBITS** [2] - 2:13, 3:1 exhibits [11] - 5:11, 5:15, 5:20, 6:5, 6:9, 47:9, 47:13, 47:17, 47:19, 89:11 exist [3] - 32:3, 64:19, existing [1] - 122:13 exists [2] - 119:1, 119:22 exit [1] - 73:11 expect [7] - 37:23, 38:18, 102:13, 102:15, 102:16, 112:10, 115:16 **expected** [1] - 42:6 expects [1] - 111:23 expensive [1] - 74:18 experience [7] -23:15, 53:3, 77:11, 77:14, 77:15, 77:16 experiment [3] - 28:2, 28:4, 61:25 expert [13] - 6:25, 8:16, 9:6, 10:25, 16:9. 16:10. 24:8. 44:8, 46:12, 46:14, 60:5, 94:19, 96:4 experts [9] - 11:14, 24:4, 28:23, 31:5, 31:12, 33:7, 63:23, 66:8. 124:8 expiration [2] -122:18, 122:19 expired [2] - 44:15, 122:17

explain [17] - 21:4, 21:19, 21:20, 22:14, 23:7, 23:11, 23:15, 25:24, 26:4, 26:16, 27:4, 27:16, 31:19, 31:25, 112:19, 119:10. 124:23 explaining [1] - 28:8 explanation [1] -103.14 exposed [4] - 26:25, 93:7, 105:8, 111:20 exposure [3] - 27:1, 27:7, 92:3 extended [4] - 58:21, 59:7, 122:18, 122:19 extent [3] - 48:7, 62:1, 126:7 extra [2] - 6:10, 6:17 extreme [2] - 25:14, 69.4 extremely [4] - 40:5,

## F

49:7, 112:23

69.5

extremes [2] - 69:3,

exudes [1] - 64:20

fabulous [1] - 55:10 face [3] - 76:1, 137:24, 138:3 fact [28] - 7:12, 7:25, 13:11, 14:20, 17:11, 17:16, 18:11, 28:16, 30:5, 33:14, 33:17, 39:10, 41:12, 44:8, 45:5, 63:23, 63:25, 65:10, 73:5, 76:13, 77:6, 87:21, 93:24, 96:18, 103:23, 111:12, 116:11, 116:25 factors [1] - 68:4 factory [1] - 91:19 facts [7] - 14:19, 18:14, 34:20, 35:11, 41:4, 77:6, 87:16 factual [2] - 17:20, 19:2 factually [1] - 24:13 fail [3] - 31:13, 33:21, 119:24 failed [2] - 34:7, 45:1 failure [3] - 59:9, 64:6, 92.2 123:25, 124:14, fair [2] - 56:12, 82:20 128:7 fairly [5] - 11:9, 37:12, figures [4] - 115:23, 59:20, 75:2, 88:17 128:8, 129:20, faith [1] - 11:2 130:12

far [10] - 20:15, 41:9, 41:10, 49:14, 95:23, 96:5, 112:22, 127:16, 134:9 fast [1] - 120:19 fasted [6] - 8:18, 9:1, 26:10, 26:12, 28:11, 126:6 fasting [5] - 25:17, 26:2, 26:5, 26:10, 126:23 FDA [59] - 13:11, 16:5, 20:3, 24:3, 24:10, 24:11, 24:14, 24:18, 25:24, 26:6, 26:18, 26:20, 28:19, 35:14, 42:11, 42:12, 42:13, 43:17, 43:21, 44:2, 45:12, 50:21, 54:24, 55:7, 63:7, 63:9, 63:25, 65:10, 65:15, 68:9, 68:23, 68:24, 69:25, 70:4, 71:7, 78:12. 84:16. 92:11. 95:18, 96:20, 97:3, 109:21, 111:11, 111:23, 113:6, 114:6, 114:13, 116:23, 117:4, 122:25, 124:5, 124:6, 125:7, 125:22, 126:1, 126:9, 130:20, 131:2 FDA's [2] - 45:7, 126:8 fed [1] - 126:6 Federal [2] - 24:15, 25:3 fee [1] - 58:1 fell [1] - 14:13 fellow [2] - 57:2, 57:6 **fellowship** [1] - 57:12 few [4] - 35:25, 88:25, 89:11, 122:15 fiber [1] - 130:10 figment [1] - 32:3 Figure [6] - 36:23, 37:24, 38:12, 39:3, 42:3 figure [11] - 36:24, 51:18, 99:5, 101:20, 110:22, 110:23, 117:20, 123:20,

fall [1] - 16:21

falls [5] - 17:16, 33:17,

34:10, 60:21, 129:13

filed [2] - 5:23, 24:23 filing [3] - 7:11, 53:19, 54:21 fill [3] - 38:22, 88:21, 97.19 finally [2] - 38:20, 40:9 fine [5] - 4:21, 14:21, 48:8, 51:12, 77:22 finish [2] - 107:16, 126:3 firm [1] - 4:9 first [24] - 6:21, 8:15, 11:23, 14:8, 18:22, 20:18, 21:6, 38:9, 38:14, 46:8, 48:2, 53:9, 54:20, 60:25, 69:25, 70:11, 73:2, 74:21, 86:21, 91:18, 92:9, 92:21, 111:14, 111:16 five [1] - 88:18 flake [3] - 112:17, 113:21, 114:3 flaky [1] - 106:14 flat [1] - 105:25 Flattmann [5] - 2:8, 2:10, 4:9, 13:4, 61:16 FLATTMANN[27] -1:15, 6:4, 6:7, 6:11, 6:13, 7:21, 9:12, 9:17, 10:13, 10:19, 10:22, 13:3, 14:6, 14:18, 14:23, 15:5, 16:8, 16:22, 17:18, 17:22, 18:16, 19:12, 20:2, 25:12, 27:25, 28:7, 28:10 Flattmann's [1] -50:20 flawed [1] - 31:6 flexibility [1] - 5:6 flora [1] - 76:8 Florida [1] - 53:24 flow [3] - 8:7, 123:2, 123:9 fluid [6] - 64:10, 64:20, 64:25, 70:13, 109:5 focus [2] - 31:8, 81:5 focusing [1] - 8:15 fold [2] - 123:8, 123:9 folds [1] - 133:24 folks [3] - 74:14, 74:21, 76:11 follow [2] - 6:7, 74:19 followed [3] - 8:22, 20:6, 97:18

following [11] - 17:13,

19:22, 29:17, 42:1,

53:9, 81:25, 83:5, 127:20, 135:5, 135:17, 135:21 follows [1] - 11:16 food [10] - 128:13, 128:15. 128:18. 128:20, 128:23, 129:3, 129:7, 129:8, 130:13, 134:15 **FOR** [4] - 1:12, 1:15, 1:18, 1:22 foregoing [1] - 139:3 forget [1] - 125:5 form [15] - 24:1, 32:4, 36:10, 36:18, 38:11, 40:8, 68:11, 80:13, 97:12, 98:10, 103:21, 125:24, 135:4, 136:10, 138:1 formed [4] - 84:10, 132:20, 134:8, 135:6 former [1] - 137:23 forming [21] - 62:11, 65:17, 69:11, 71:24, 77:17, 77:23, 78:7, 79:1, 81:19, 84:25, 86:10, 87:3, 90:2, 90:11, 90:19, 95:11, 96:12, 110:5, 121:4, 126:25, 131:4 forms [12] - 17:1, 53:11, 53:15, 56:7, 59:8, 62:1, 63:8, 66:25, 68:10, 68:17, 114:14, 134:8 formulate [1] - 13:18 formulated [2] -15:17, 23:2 formulation [15] -13:15, 15:10, 23:2, 23:3, 46:15, 53:12, 53:25, 54:13, 60:7, 60:18, 60:22, 63:2, 77:12, 85:11 formulations [1] -16:12 formulator [2] - 23:22, 24:3 foul [1] - 40:15 foundation [5] - 49:2, 49:15, 49:16, 49:21, 103:15 **founding** [1] - 56:20 four [4] - 47:19, 47:21, 47:24, 90:25 fragile [1] - 132:9 frame [3] - 110:20, 110:21, 111:17 frames [2] - 115:20, 118:4

friend [1] - 43:22 front [1] - 11:6 full [6] - 6:5, 40:4, 52:4, 53:9, 68:17, 68:19 full-time [1] - 53:9 function [13] - 19:19, 20:25, 29:16, 30:18, 38:10, 84:8, 88:8, 107:24, 117:8, 133:2, 135:14, 135:15, 136:24 functional [10] -19:11, 29:6, 29:24, 30:12, 31:14, 41:23, 41:25, 81:9, 84:7, 103:20 functionally [4] - 16:2, 18:18, 19:24, 124:1 functioning [1] -42:25 functions [17] - 18:11, 20:23, 23:20, 25:6, 32:21, 32:25, 35:8, 41:19, 46:4, 61:18, 104:17, 107:24, 107:25, 124:11, 133:1, 133:8, 135:22 **fund** [2] - 54:19, 55:2 funding [1] - 54:18

## G

gain [25] - 21:8, 22:12, 22:14, 22:24, 23:5, 23:6, 23:8, 91:15, 99:25, 100:1, 100:5, 102:13, 102:16, 102:17, 104:8, 104:9, 104:14, 104:19, 105:4, 106:11, 106:12, 107:1, 113:12, 132:10 gains [1] - 23:16 Galderma [10] - 4:4, 15:14, 33:6, 33:22, 33:25, 37:25, 41:11, 42:13, 84:15, 85:16 **GALDERMA**[1] - 1:3 Galderma's [5] -13:21, 33:19, 34:19, 35:10, 41:3 games [1] - 10:17 gamma [1] - 74:19 gastric [10] - 8:18, 9:2, 25:15, 26:13, 64:10, 64:24, 67:15, 70:7, 70:13, 73:10 gastro [1] - 134:7

gastroenterologists [1] - 74:7 gastrointestinal [1] -67:12 gelatin [1] - 137:8 general [10] - 35:3, 56:6, 67:3, 67:6, 74:12, 101:3, 103:19, 103:22, 120:13, 123:12 generalities [1] - 73:6 generalize [1] - 128:5 generally [4] - 78:18, quidance [3] - 63:7, 95:22, 119:24, generic [1] - 13:9 **genuine** [1] - 46:3 **GERALD** [1] - 1:15 Gerald [2] - 4:9, 13:3

113:22 ghost [1] - 118:25 GI [6] - 58:15, 67:8, 67:11, 73:7, 74:20, 115:21

German [2] - 112:10,

given [4] - 64:23, 70:4, 102:16, 123:6 glad [1] - 70:8 goal [4] - 13:16, 13:18, 14:2, 103:21

goodNight [1] - 58:14 Gordan [1] - 4:9 gordan [1] - 66:8 Gordon [2] - 1:16, governing [2] - 50:22,

82:18 grad [1] - 70:8 graduate [4] - 53:5, 53:8, 70:6, 120:5 graduation [1] - 53:9 Graham [2] - 46:14,

78:15 **GRAHAM**[1] - 2:9 granted [1] - 57:25 graph [5] - 42:4, 48:18, 111:6, 114:18, 125:13

graphs [2] - 10:4, 126:16

Gray [11] - 31:5, 31:7, 31:15, 31:24, 46:12, 46:21, 78:14, 118:20. 119:13. 121:15, 121:23 GRAY [1] - 2:7

great [1] - 5:13 greater [1] - 40:18 Greece [1] - 69:10 green [5] - 42:9,

42:20, 43:6, 115:3, 115:22

Greg [1] - 66:5 ground [1] - 40:13 grounds [2] - 60:9, 96.6 group [1] - 69:10

groups [6] - 56:21, 112:11, 112:12, 113:16, 113:20 guess [1] - 102:1 guessing [1] - 58:22

63:9, 114:13 quidances [2] - 68:25, 78:12

guides [1] - 63:2 gut [2] - 76:6, 76:8

## Н

half [17] - 7:9, 7:18, 9:5, 19:22, 19:25, 46:23, 51:20, 70:16, 70:19, 70:21, 75:1, 109:2, 109:6, 122:10, 128:10, 129:21, 130:9 halfway [1] - 70:16 Hall [2] - 1:22, 4:15 hand [9] - 4:24, 6:5, 6:9, 11:7, 11:8, 47:11, 47:12, 125:13, 125:17 hands [1] - 55:1 **HANEY** [2] - 1:22, 4:14 Haney [1] - 4:14 happy [1] - 66:6 harbor [1] - 41:8 hard [8] - 34:20, 40:1, 50:21, 55:11, 126:3, 126:6, 126:15 harden [1] - 88:19 hardening [2] - 88:18, 97:16 harder [1] - 125:19 harm [1] - 94:12 hatch [1] - 48:18 hatching [1] - 49:9 head [6] - 44:18, 51:7, 51:8, 52:14, 54:3, 54:9 health [4] - 91:22, 94:19, 94:21, 96:11 Health [1] - 96:2 hear [10] - 4:20, 16:4, 16:8, 32:16, 36:1, 36:25, 45:8, 47:23,

51:6, 51:8

heard [5] - 14:10,

17:1, 32:17, 36:2, 103:14 heart [1] - 87:19 heavier [1] - 100:4 hedge [1] - 55:2 height [1] - 12:21 held [1] - 14:12 help [4] - 15:7, 47:13, 48:1, 64:24 helped [1] - 114:14 helpful [4] - 6:4, 6:8, 124:22, 130:15 hesitate [1] - 4:24 high [13] - 36:4, 57:18, 60:14, 72:18, 72:20, 74:17, 75:21, 75:23, 88:15, 119:20, 129:11, 130:10, 134:9

high-level [1] - 60:14 higher [18] - 23:17, 37:17, 38:16, 39:9, 42:16, 64:25, 65:5, 77:14, 105:10, 111:20, 112:16, 113:20, 114:1, 119:17, 130:7, 130:11, 134:4, 134:10

highest [3] - 65:1, 125:15, 125:16 highlight [1] - 35:24 highly [4] - 21:13, 25:11, 31:11, 37:2 history [1] - 41:11 hit [1] - 134:9

hits [2] - 25:16, 40:4 hoc [1] - 24:5 hold [3] - 55:23, 112:13, 130:12 holds [2] - 64:14, 84:15

holes [1] - 64:22 Honor [187] - 4:6, 4:14, 5:10, 6:4, 6:13, 6:21, 6:25, 7:22, 8:12, 9:3, 9:12, 10:1, 10:13, 10:19, 11:4, 11:12, 11:20, 12:18, 12:23, 13:3, 13:4, 14:3, 14:6, 14:23, 16:15, 17:3, 17:22, 18:17, 20:2, 20:6, 30:7, 31:2, 32:5, 32:7, 32:8, 32:10, 32:12, 32:22, 33:12, 34:9, 34:18, 35:9, 35:24, 37:2, 37:15,

38:7, 39:4, 39:17,

40:21, 41:9, 41:11,

42:11, 43:11, 43:24, 45:4, 45:15, 46:1, 46:7, 46:16, 47:1, 47:6, 47:16, 47:19, 47:22, 48:10, 48:13, 48:17, 48:23, 49:4, 49:23, 50:11, 50:17, 51:1, 51:22, 58:23, 59:23, 60:10, 63:12, 63:15, 65:20, 65:23, 66:15, 66:18, 67:13, 69:14, 69:19, 72:2, 72:6, 72:10, 72:12, 73:19, 75:11, 75:13, 79:4, 82:9, 82:12, 82:20, 82:21, 83:14, 83:19, 85:3, 85:6, 86:2, 86:13, 87:6, 87:17. 87:25. 88:2. 88:24, 90:22, 91:1, 91:8, 92:7, 92:13, 93:4, 93:18, 94:10, 94:16, 94:20, 94:22, 95:3, 95:14, 95:17, 95:24, 96:14, 96:17, 96:21, 97:1, 97:9, 98:20, 99:4, 99:17, 99:20, 100:24, 101:9, 101:23, 102:2, 103:2, 103:8, 103:19, 104:2, 107:8, 107:11,

107:20, 109:9,

109:11, 110:8,

111:21, 112:2,

113:2, 113:19,

113:25, 116:6,

117:7, 118:2,

119:12, 121:7,

121:10, 122:1,

122:12, 122:22,

123:15, 123:23,

124:21, 124:22,

116:17, 116:22,

110:10, 111:10,

126:2, 127:3, 127:6, 129:24, 130:17, 131:7, 132:2, 133:14, 133:22, 136:6, 136:17, 136:23, 137:2, 137:7, 137:11, 137:23, 138:22 HONORABLE [1] - 1:7 hope [2] - 94:4, 105:2 hotspot [9] - 31:25, 32:2, 118:24, 119:3, 119:11, 120:1, 121:15, 121:19, 121:21

hour [18] - 5:3, 19:22,

19:25, 38:9, 46:21, 51:11, 51:20, 67:8, 67:16, 67:25, 113:15, 128:3, 128:10, 128:22, 128:23, 129:18, 129:20 hours [26] - 38:2. 38:14, 46:23, 47:5, 67:8, 68:12, 68:20, 76:17, 105:2, 105:8, 110:24, 111:15, 112:4, 112:5, 113:7, 113:15, 115:5, 125:9, 125:13, 128:11, 128:16, 128:25, 129:1, 129:2 House [1] - 56:22 Hubbard [1] - 1:20 human [7] - 64:9, 80:20, 80:22, 91:22, 96:11, 136:10 humans [1] - 31:4 hundreds [3] - 33:25, 44:6, 57:20

### 1

I-95 [1] - 91:20 IBM [1] - 57:19 idea [6] - 101:1, 101:6, 103:12, 114:5, 133:23, 134:9 ideally [2] - 100:12, 100:22 identical [4] - 31:2, 81:1, 89:8, 111:16 identified [1] - 6:25 identify [2] - 9:4, 121:15 ignore [2] - 31:12, 45:5 ignores [1] - 31:10 IL [1] - 1:21 ilium [10] - 68:4. 73:18, 74:2, 74:25, 128:7, 128:24, 129:17, 130:5, 130:8, 133:11 illustrating [1] - 101:6 illustrative [1] - 42:11 images [7] - 22:5, 98:13, 98:22, 104:21, 106:5, 106:7, 107:6 imagination [1] - 32:3 imagine [2] - 120:23, 122:15 imbibing [1] - 137:25 immediate [70] -

13:19, 13:24, 14:1, 17:7, 17:12, 17:17, 17:19, 17:23, 18:5, 18:7, 18:8, 18:23, 18:24, 19:2, 19:4, 19:6, 19:11, 19:17, 20:11, 20:13, 20:14, 20:23, 23:21, 28:14, 28:25, 29:5, 29:12, 29:15, 30:1, 30:19, 32:25, 34:6, 35:20, 35:21, 36:6, 36:17, 41:16, 42:16, 42:24, 43:15, 45:14, 46:4, 50:4, 50:8, 59:9, 60:19, 60:21, 63:8, 66:25, 68:10, 77:2, 79:23, 81:8, 81:9, 81:14. 81:18. 83:1. 87:21, 87:23, 88:1, 110:18, 115:7, 115:12, 115:13, 115:14, 117:23, 117:24, 118:3, 132:6 immediately [34] -18:4, 19:21, 20:13, 20:16, 21:6, 22:2, 22:22, 23:1, 26:7, 27:11, 29:10, 29:17, 33:9, 33:20, 34:7, 39:7, 41:24, 42:1, 43:5, 45:1, 71:15, 81:24, 83:3, 83:5, 91:14, 108:3, 117:18, 127:20, 133:3, 133:6, 135:5, 135:17, 135:19, 135:21 impact [3] - 56:13, 117:15, 119:1 impacts [1] - 29:7 imparts [1] - 29:6 imperfections [1] -106:20 implying [1] - 48:22 important [21] - 4:19, 25:20, 51:6, 57:10, 61:1, 61:2, 61:6, 61:7, 63:21, 64:3, 71:12, 75:19, 76:22, 89:6, 100:6, 104:10,

106:16, 112:15,

improper [2] - 24:15,

improvement[1] -

inadmissible [2] -

116:6, 118:13,

120:20

105:18

55:11

IN [1] - 1:1

50:10, 50:25 INC [1] - 1:5 includes [1] - 10:3 including [9] - 9:14, 13:23, 16:11, 21:24, 23:3, 28:24, 34:10, 39:23, 60:6 inconsistent [1] -24:14 increasing [1] - 105:6 incredibly [1] - 58:18 increments [1] - 105:5 indeed [3] - 13:20, 24:22, 74:23 independent [4] -33:24, 34:5, 39:22, 44:23 INDEX [3] - 2:1, 2:13, 3.1 indicated [4] - 13:7, 25:8, 137:17, 137:18 indication [1] - 13:10 indicative [1] - 118:15 individual [5] - 27:4, 27:7, 27:16, 111:9, 114:23 industry [8] - 35:14, 38:7, 41:19, 43:18, 59:3, 63:7, 66:22, 113:23 infer [2] - 34:16, 50:15 inference [3] - 50:6, 50:24 inferences [1] - 50:23 inferring [2] - 94:9, 103:23 inflammatory [3] -13:7, 138:10, 138:16 information [3] - 53:6, 62:24, 118:16 informed [1] - 57:24 infringe [11] - 14:12, 18:1, 32:19, 35:4, 40:24, 45:15, 50:20, 134:17, 134:24, 135:10, 136:1 infringed [1] - 15:20 infringement [20] -15:14, 16:17, 24:7, 24:18, 24:19, 24:20, 25:4, 29:5, 29:7, 29:23, 31:7, 34:19, 39:23, 60:20, 61:17, 78:7, 78:15, 78:18, 84:9, 131:18 infringes [12] - 16:16, 17:3, 17:4, 21:1, 30:14, 30:22, 32:6, 61:20, 78:3, 88:13, 131:16, 136:12

ingest [1] - 128:1 ingested [4] - 93:9, 129:2, 129:18, 130:13 ingesting [1] - 93:17 ingestion [2] - 20:12, 25.8 ingredients [2] -33:14, 44:22 initial [2] - 54:10, 115:4 **initiating** [1] - 15:8 inputs [1] - 124:3 inquiry [4] - 24:18, 24:20, 29:7, 84:9 inspired [2] - 24:17, 31:8 instance [3] - 15:5, 16:23, 22:3 instant [1] - 117:14 instead [1] - 100:17 instructed [9] - 7:7, 7:16, 7:22, 8:9, 8:22, 10:8, 44:9, 109:13, 128:14 instructing [1] - 7:19 instruction [3] - 7:9, 8:19, 8:23 instructive [1] - 98:22 insubstantially [5] -19:13, 19:16, 30:16, 132:23, 135:11 integrity [3] - 21:22, 114:6, 114:15 intend [2] - 9:21, 59:13 intended [4] - 33:11, 37:9, 38:13, 39:11 intent [4] - 94:5, 94:24, 94:25, 103:24 intentional [3] - 22:23, 94:3, 94:4 intentionally [6] -17:11, 20:19, 22:13, 94:7, 133:6, 135:19 interest [1] - 16:6 interesting [6] - 54:22, 97:15, 98:2, 115:18, 120:8, 122:17 interface [2] - 21:24, 22:8 international [1] -58:2 internship [1] - 53:4 intestinal [6] - 67:17, 72:18. 73:23. 118:9. 133:24. 134:4

intestine [9] - 37:17,

73:17, 74:1, 74:4,

38:17, 67:22, 73:14,

74:6, 74:23 intestines [1] - 134:1 introduce [1] - 46:8 invalidity [1] - 16:18 invented [2] - 54:5, 54:23 invention [3] - 16:10, 36:5, 60:5 inventor [4] - 57:22, 57:23, 58:11, 58:16 inventor's [1] - 14:2 investigation [1] -117:2 invited [2] - 56:21. 56:23 involve [1] - 15:3 involved [4] - 26:11, 56:16, 56:20, 58:21 ionic [3] - 113:3, 113:4 **ionization** [1] - 114:16 ionize [4] - 112:12, 112:14, 112:17, 113:20 ionized [5] - 113:3, 113:5, 113:17, 114:9 ionizes [1] - 114:1 IPO [1] - 54:22 IR [50] - 13:19, 35:2, 36:6, 36:12, 36:13, 36:14, 36:17, 36:21, 36:22, 37:7, 37:8, 37:13, 37:21, 38:8, 38:23, 38:24, 39:7, 39:16, 40:12, 40:13, 41:13, 41:14, 41:22, 41:23, 42:7, 43:9, 44:25, 61:17, 61:19, 67:3, 76:15, 79:24, 80:10, 81:15, 83:1, 107:25, 110:16, 126:12, 127:13, 127:16, 127:23, 132:6, 132:15, 132:24, 133:8, 135:2, 135:3, 135:23, 135:24 IR/DR [4] - 33:2, 40:5, 40:10, 76:13 Island [2] - 52:25, 56:1 issuance [1] - 39:24 issue [10] - 7:1, 13:12. 16:15, 17:20, 48:13, 49:16, 57:25, 58:1, 74:8 issued [1] - 57:23 issues [4] - 5:17, 8:7, 59:4, 60:14 italics [1] - 6:24 iterations [1] - 123:19 itself [1] - 113:10

**IV** [2] - 14:25, 15:8

## J

James [1] - 1:8 January [3] - 1:10, 4:1, 139:9 JAROS [17] - 1:18, 5:10, 5:22, 6:1, 6:3, 6:19, 6:21, 8:12, 8:15, 9:8, 10:1, 11:4, 11:12, 11:18, 12:7, 12:18, 12:23 Jaros [3] - 2:7, 2:9, 4.16 jejunum [9] - 73:18, 74:2, 74:25, 128:6, 128:24, 129:17, 130:5, 130:6, 133:11 **JEREMY** [1] - 1:12 Jeremy [1] - 4:7 Jersey [2] - 91:20, job [5] - 28:8, 53:9, 53:14, 53:17, 111:3 jobs [1] - 57:17 Joe [1] - 4:16 join [1] - 135:2 joined [2] - 4:8, 4:15 **JOSEPH** [1] - 1:18 journals [1] - 56:3 JR [1] - 1:15 Judge [6] - 14:9, 15:9, 15:20, 82:13, 83:25, 122:11 juice [1] - 25:15 July [1] - 14:9 jump [2] - 36:24, 111:8 jurisdiction [1] - 96:20 justification [1] -123:10

## K

Kalantzi [17] - 9:15, 9:23, 25:22, 26:5, 48:5, 48:6, 48:8, 69:9, 69:16, 69:20, 69:24, 69:25, 70:3, 70:25, 108:24, 109:1, 109:3 Katie [1] - 4:16 KATIE [1] - 1:19 keep [5] - 94:6, 96:6, 105:1, 113:14, 115:24 kept [1] - 110:24 Key [1] - 53:23 key [2] - 34:20, 136:18 kill [1] - 76:8 kind [18] - 10:17, 10:25, 14:16, 54:21, 67:1. 77:15. 88:22. 93:25, 95:22, 97:20, 98:2, 101:6, 103:24, 106:19. 127:25. 130:10, 137:20 kinds [3] - 98:8, 105:15 Klapper [1] - 4:12 knowing [2] - 93:24 knowledge [1] - 16:8 known [5] - 16:13, 54:1, 74:12, 89:25, knows [2] - 103:17, 114:2

## L

L30D55 [7] - 100:10,

104:12, 112:10,

116:9, 116:20,

119:2, 120:18

lab [3] - 98:20, 98:23,

L.P [1] - 1:3

120:6 label [10] - 17:24, 43:14, 43:17, 74:18, 84:17, 84:24, 85:10, 85:16, 87:2, 131:23 labeled [2] - 43:13, 43:21 labeling [1] - 15:23 labels [2] - 18:10, 61:15 LABORATORIES[1] -1:3 Laboratories [1] - 4:4 laboratory [4] - 33:24, 34:5, 44:23, 53:11 lack [1] - 98:7 Lakes [1] - 56:24 Land [1] - 56:24 large [3] - 74:3, 74:5, 134:10 largely [1] - 31:12 larger [1] - 31:22 largest [1] - 57:16 last [12] - 5:24, 7:3, 9:3, 49:23, 50:13, 52:6, 58:9, 61:10, 76:16, 80:3, 109:10, 114.2 lasts [1] - 129:20 late [3] - 7:13, 22:5, 92:5 latest [1] - 15:24 latex [4] - 92:4, 98:3,

100:16 law [2] - 18:15, 82:19 layer [4] - 15:12, 15:18, 21:16, 21:17 layering [3] - 21:19, 21:21, 132:9 layers [3] - 21:22, 21:23, 22:8 laying [1] - 122:15 lead [6] - 6:25, 23:22, 24:3, 58:11, 58:16, 76:9 leak [9] - 22:2, 22:13, 22:22, 22:25, 23:1, 23:14, 105:22, 132:11 leakage [5] - 23:10, 105:5, 105:9, 105:14, 105:20 leaking [1] - 27:9 leaks [4] - 21:10, 105:12, 105:13, 132:11 leaky [1] - 21:18 learned [1] - 11:23 least [18] - 17:1, 17:5, 19:13, 20:15, 30:15, 67:8, 80:14, 89:9, 98:21, 102:23, 102:25, 103:3, 103:5, 103:15, 103:17, 105:16, 105:19, 113:13 leave [3] - 54:17, 113:8, 126:2 leaves [3] - 67:21, 135:4, 135:20 lecture [1] - 56:21 lecturer [1] - 56:23 left [20] - 11:7, 11:13, 29:18, 34:24, 41:21, 53:23, 54:3, 54:25, 55:8, 64:22, 85:15, 99:5, 125:1, 125:6, 125:13, 125:14, 125:17, 125:20 left-hand [3] - 11:7, 125:13, 125:17 legal [2] - 50:22, 91:7 legally [3] - 24:15, 117:2 legs [1] - 45:17 length [2] - 47:4, 136:14 lesions [1] - 13:7 less [14] - 34:7, 45:1, 67:9, 67:16, 75:1, 101:22, 102:3,

103:6, 103:17,

105:21, 117:13,

128:12 lesser [1] - 77:15 letter [1] - 131:2 level [11] - 34:10, 34:17, 36:4, 60:14, 74:17, 75:21, 76:22, 81:16, 88:15, 124:24, 138:13 levels [10] - 13:15, 14:2, 29:8, 29:11, 34:11, 40:1, 40:4, 50:22, 79:20, 133:4 license [1] - 55:16 Lida [1] - 69:9 lie [1] - 19:9 life [3] - 76:4, 76:7, 123:18 lifetime [2] - 93:20, 93:21 light [4] - 102:22, 103:1, 104:16, 132:10 lighter [1] - 103:24 lightly [2] - 85:24, 87:18 likely [2] - 101:22, 120:25 limine [2] - 50:1, 50:2 limitation [8] - 29:24, 40:1, 40:2, 79:18, 84:18, 85:12, 132:18 limitations [9] - 29:6, 61:3, 61:7, 63:19, 66:10, 81:9, 84:8, 118:14 limited [1] - 97:7 **LIMITED** [1] - 1:5 **limits** [1] - 105:3 line [6] - 15:24, 20:7, 23:17, 53:21, 103:8, 125:13 Line [1] - 8:15 lines [1] - 26:20 linger [1] - 133:11 lining [1] - 64:24 liquids [1] - 53:17 list [1] - 14:8 liter [3] - 64:12, 64:15, 128:2 literally [7] - 15:21, 17:4, 20:11, 40:24, 46:6, 78:3, 136:12 literature [10] - 7:23, 8:4, 8:18, 9:14, 9:19, 10:14, 32:4, 56:2, 74:22, 78:12 litigation [14] - 14:4. 14:25, 15:8, 24:7, 24:9, 24:12, 24:17, 31:8, 31:17, 35:7,

35:13, 81:19, 82:7, 122:23 live [2] - 46:8, 46:18 liver [2] - 91:24, 92:2 lives [1] - 138:11 **LLP** [2] - 1:12, 1:16 load [1] - 88:20 locked [2] - 113:10, 113:15 Lockheed [1] - 57:19 log [2] - 125:2, 125:4 logic [1] - 103:5 logical [1] - 51:17 look [27] - 10:9, 10:20, 15:10, 39:13, 45:15, 47:13, 48:14, 50:19, 68:18, 69:3, 69:4, 81:7, 89:1, 93:25, 98:24, 99:4, 99:24, 102:17, 108:10, 108:18, 113:11, 120:3, 123:8, 123:24, 125:5, 125:14, 138:3 looked [9] - 39:15, 43:25, 92:21, 104:20, 104:21, 116:25, 120:11, 120:13, 123:5 looking [7] - 27:18, 34:16, 45:6, 70:20, 117:24, 124:1, 124:23 looks [6] - 94:8, 101:1, 104:16, 118:6, 125:7, 126:11 lot-to-lot [1] - 63:1 low [5] - 21:7, 22:16, 119:19, 138:4 lower [3] - 76:14, 115:25, 116:2 lowest [4] - 65:1, 105:11, 105:13, 138:9 **LP**[1] - 1:3 lunch [3] - 5:3, 107:17, 138:23 **Lupin** [98] - 4:4, 8:17, 9:20, 14:10, 14:13, 15:7, 16:6, 16:16, 17:3, 17:11, 17:24, 18:10, 20:10, 20:18, 21:4, 21:21, 21:25, 22:11, 23:1, 23:2, 23:9, 24:6, 24:18, 24:24, 25:1, 26:1, 27:10, 28:19, 28:23, 30:4, 31:10, 31:12, 32:6, 32:9, 32:10, 32:16, 33:15, 33:17,

40:23, 41:12, 41:13, 41:18, 42:9, 42:21, 42:25, 43:6, 44:17, 44:18, 44:25, 45:11, 46:3, 46:10, 48:24, 61:15, 63:22, 67:10, 68:7, 71:5, 71:22, 78:10, 78:11, 79:12, 87:2, 88:11, 88:14, 88:15, 88:18, 89:19, 90:9, 91:12, 94:2, 97:12, 98:13, 102:10, 102:17, 104:7, 104:18, 106:6, 106:8, 107:5, 107:22, 108:21, 109:20, 109:21, 109:23, 110:17, 111:17, 112:7, 114:22, 116:21, 122:12, 124:8, 124:17, 124:25, 125:21, 126:11, 131:2 **LUPIN** [2] - 1:5 Lupin's [111] - 13:9, 13:11, 15:24, 16:4, 16:25, 17:9, 17:10, 18:3, 18:22, 18:25, 19:7, 19:8, 19:13, 20:3, 20:12, 20:16, 20:22, 20:25, 21:4, 21:11, 21:12, 21:17, 22:5, 22:7, 22:23, 23:7, 23:20, 23:22, 23:24, 24:2, 24:3, 24:4, 24:8, 24:14, 25:5, 26:9, 26:10, 26:19, 26:21, 27:1, 27:6, 27:10, 27:16, 28:12, 28:17, 28:20, 28:23, 29:9, 29:16, 30:14, 30:19, 30:22, 31:5, 31:11, 31:20, 31:21, 32:1, 32:18, 32:20, 32:25, 33:7, 33:13, 33:23, 34:12, 34:21, 35:3, 35:8, 35:18, 37:20, 40:22, 41:2, 43:3, 43:12, 43:14, 44:5, 60:20, 61:18, 78:3, 86:20, 88:8, 90:1, 90:18, 98:12, 102:21, 107:23, 107:24, 108:10, 108:11, 112:9, 114:25, 115:1, 115:6, 116:22, 126:14, 126:23, 127:11, 127:18, 127:22,

130:19, 131:15, 131:16, 131:23, 132:17, 133:6, 134:17, 134:24, 135:19, 135:22, 136:1, 136:12, 137:17

29:18

М magnetic [1] - 120:10 maintain [3] - 13:15, 76:16, 76:22 maintaining [1] - 14:2 major [1] - 53:19 majority [2] - 66:24, 67:4 Makarand [1] - 46:9 **MAKARAND**[1] - 2:5 mammal [3] - 80:18, 80:20, 80:21 manage [1] - 53:14 manager [1] - 53:13 mandate [1] - 122:25 mandated [1] - 26:6 mandatory [1] -105:15 manufacture [3] -16:11, 88:15, 88:17 manufactured [10] -22:6, 24:6, 24:9, 31:17, 37:10, 38:13, 38:19, 39:8, 41:12, 124:11 manufacturer [2] -123:11, 123:15 manufacturers [2] -89:3, 91:13 manufacturing [7] -21:7, 21:9, 21:20, 54:13, 60:6, 90:17, 100.13 mark [1] - 27:18 Market [2] - 1:9, 1:13 market [3] - 53:20, 58:20, 59:4 marketing [3] - 54:12, 55:1, 55:18 Martin [1] - 57:19 Maryland [5] - 55:25, 57:4, 57:5, 57:14, 57:16 Master's [2] - 52:23, 53:6 match [1] - 126:7 matches [1] - 26:25 material [3] - 57:10,

94:1, 94:14

materials [1] - 62:16

math [3] - 19:6, 19:9,

mathematical [1] -18:20 mathematicians [1] -101:20 matter [12] - 7:14, 9:25, 24:19, 24:23, 42:17, 44:7, 45:15, 56:6, 113:15, 126:9, 139.4 matters [4] - 10:1, 24:23, 77:16, 134:13 max [5] - 125:8, 125:20, 125:22, 126:4, 138:13 maximizing [1] -138:15 maximum [2] - 79:21, 125:21 Maxwell [3] - 52:15, 52:16, 55:19 Mazzochi [2] - 1:20, 4.17 McLaughlin [2] - 1:22, 4:15 meal [1] - 128:16 mean [26] - 26:19, 27:1, 27:12, 27:20, 28:16, 50:15, 56:11, 57:6, 57:13, 64:11, 78:5, 82:17, 83:2, 83:4, 84:6, 105:11, 110:14, 110:15, 112:21, 113:24, 117:25, 118:24, 122:4, 122:14, 123:9, 125:16 meaning [4] - 30:10, 38:10, 83:24, 117:6 means [5] - 36:12, 66:9, 105:22, 119:5, 120:11 meant [9] - 38:9, 64:4, 64:19, 67:7, 104:25, 110:21, 114:5, 118:10, 118:14 measure [5] - 12:21, 22:14, 23:13, 38:8, 125:23 measured [1] - 26:5 measurement [1] -125:22 measurements [2] -125:7, 126:5 measuring [1] - 37:6 mechanically [1] -5:14 mechanism [1] -68:22 mid [1] - 92:3 media [3] - 28:3, midafternoon [1] - 5:4

64:18, 121:2 median [1] - 71:15 medical [1] - 54:14 medicine [1] - 129:18 medicines [2] - 112:1, 130.13 meds [1] - 134:4 meet [1] - 132:17 meetings [1] - 56:25 meets [5] - 20:10, 28:24, 84:18, 85:12, 109:5 Megan [1] - 4:14 MEGAN [1] - 1:22 member [1] - 56:18 men [1] - 77:19 mention [4] - 9:17, 48:21, 109:15, 122:7 mentioned [10] -11:22, 12:6, 12:14, 17:2, 21:3, 25:22, 41:6, 59:2, 83:23, 136:9 Merck [2] - 53:5, 53:14 merely [1] - 122:19 met [2] - 132:21, 135:7 methacrylate [1] -106:22 methacrylic [1] -133:18 method [10] - 30:23, 31:3, 80:17, 80:23, 81:4, 81:6, 120:22, 136:9, 137:9, 137:13 methods [2] - 65:15, 136:15 methylene [24] - 21:6, 21:13, 21:16, 21:22, 91:15, 91:17, 91:18, 91:21, 91:25, 92:3, 92:22, 92:24, 93:12, 93:17, 94:18, 95:10, 95:18, 96:10, 96:19, 97:13, 97:15, 97:17, 98:7, 108:7 Miami [2] - 53:24, 54:2 Michael [1] - 52:5 Michigan [1] - 66:6 microgram [1] -138:13 micrograms [5] -75:24, 76:2, 77:5, 79:20, 79:21 micrographs [1] -107:4 microphone [1] -51:24 microscope [1] - 22:4

middle [4] - 5:5, 49:11, 109:6, 130:3 midmorning [2] - 5:2, 51.11 might [9] - 15:23, 69:2, 74:7, 77:2, 89:3, 106:18, 119:20, 124:22, 134:4 MIL [1] - 50:1 Miller [5] - 120:3, 120:5, 120:7, 121:3, 121:15 milligram [24] - 17:7, 19:16, 19:17, 20:23, 20:24, 28:14, 29:12, 35:21, 39:4, 87:14, 88:1, 127:23, 132:24, 133:8, 135:3, 135:12, 135:23, 135:24, 135:25 milligrams [92] -13:19, 13:20, 13:24, 15:10, 15:12, 15:18, 17:6, 17:7, 17:12, 17:13. 17:17. 17:19. 17:23, 18:3, 18:7, 18:8, 19:5, 19:7, 19:8, 20:10, 20:13, 20:17, 23:21, 27:2, 27:11, 27:13, 29:10, 29:13, 29:15, 29:16, 32:25, 33:1, 33:7, 33:8, 33:10, 33:20, 33:21, 34:14, 35:22, 36:14, 38:24, 38:25, 39:16, 39:17, 41:16, 41:17, 42:15, 42:24, 43:5, 43:9, 43:15, 43:16, 46:4, 46:5, 79:24, 80:1, 80:9, 80:10, 84:1, 84:2, 84:4, 115:11, 116:17, 117:25, 118:2, 118:17, 118:18, 127:16, 127:19, 127:20, 127:21, 131:24, 132:7, 132:13, 133:3, 133:5, 134:23, 135:1, 135:2, 135:3, 135:4, 135:16, 135:18, 135:20 milliliters [1] - 25:24 million [1] - 57:17 mimic [1] - 110:21

mind [1] - 136:6

mindful [1] - 50:7

minimum [1] - 79:20
minor [1] - 16:22
minus [1] - 123:17
minute [5] - 64:16,
81:11, 98:21,
118:10, 118:11
<b>minutes</b> [39] - 5:2, 5:6,
27:23, 27:24, 35:19,
35:20, 37:8, 42:21,
42:22, 42:23, 43:8,
46:21, 46:22, 50:3,
51:20, 70:7, 70:8,
70:10, 110:18,
111:7, 111:8,
111:17, 111:19,
116:1, 117:21,
118:3, 118:5,
119:21, 120:16,
120:22, 120:24
minutes,they [1] -
37:7
mix [1] - 120:12
mixed [1] - 68:11
mixing [2] - 119:18,
120:14
<b>mL</b> [5] - 75:24, 76:2,
77:5, 79:20, 79:21
ML [2] - 70:1, 70:13
<b>MLs</b> [6] - 64:10, 64:11,
64:14, 71:8, 71:10,
109:22
<b>mLs</b> [2] - 25:17, 26:11
model [1] - 55:17
modeling [1] - 77:6
moderate [1] - 112:25
Modern [1] - 56:5
modified [7] - 53:11,
59:7, 60:18, 68:10,
103:20, 111:12,
114:14
modified-release [1] -
114:14
<b>modify</b> [1] - 59:6
molecular [2] - 56:13,
120:12
molecules [1] -
120:13
Molino [2] - 1:20, 4:17
moment [4] - 52:19,
73:9, 82:12, 125:5
month [3] - 7:9, 7:17,
9:4
months [2] - 53:7,
122:17
Morning [1] - 1:4
morning [9] - 4:2, 4:6,
4:13, 4:14, 4:19,
32:8, 51:5, 52:3,
66:7
Morris [2] - 1:12, 4:7

most [17] - 4:19, 15:5, 25:13, 36:11, 36:18, 38:23, 39:18, 51:5, 61:2, 73:5, 74:22, 84:3, 93:14, 128:22, 137:22, 138:3, 138:8 mostly [1] - 52:18 Mother [1] - 64:23 mother [2] - 129:7, 134:11 motion [4] - 50:1, 50:2, 60:10, 72:5 mouth [1] - 67:25 move [13] - 47:23, 70:23, 72:14, 77:8, 87:18, 95:5, 106:5, 114:18, 115:17, 122:22, 132:20, 134:15, 134:20 moved [3] - 53:12, 55:19, 91:2 moves [2] - 115:19, 129.9 moving [4] - 11:1, 108:24, 127:10, 128:13 Moxatag [1] - 58:14 MR [200] - 4:6, 5:10, 5:22, 6:1, 6:3, 6:4, 6:7, 6:11, 6:13, 6:19, 6:21, 7:21, 8:12, 8:15, 9:8, 9:12, 9:17, 10:1, 10:13, 10:19, 10:22, 11:4, 11:12, 11:18, 12:7, 12:18, 12:23, 13:3, 14:6, 14:18, 14:23, 15:5, 16:8, 16:22, 17:18, 17:22, 18:16, 19:12, 20:2, 25:12, 27:25, 28:7, 28:10, 32:8, 32:12, 32:14, 38:7, 41:9, 43:24, 46:20, 47:1, 47:5, 47:7, 47:16, 47:19, 47:21, 48:3, 48:6, 48:9, 48:13, 48:17, 48:20, 48:23, 49:4, 49:17, 49:23, 50:11, 51:1, 51:22, 52:2, 58:24, 59:23, 60:1, 60:4, 60:9, 60:13, 62:17, 62:20, 62:23, 63:12, 63:15, 63:18, 65:6, 65:20, 65:23, 66:1, 66:15, 66:18, 66:21, 68:6. 69:14. 69:19. 69:23. 72:2. 72:5. 72:13, 74:9, 75:4, 75:11, 75:13, 75:16,

77:1, 79:4, 79:7, 79:10, 82:9, 82:12, 82:14, 82:20, 82:21, 82:22, 83:19, 83:20, 85:3, 85:6, 85:9, 85:21, 85:22, 86:1, 86:4, 86:13, 86:16, 86:19, 87:6, 87:9, 87:16, 87:20, 87:25, 88:4, 88:6, 89:10, 90:22, 91:1, 91:4, 91:5, 91:8, 91:11, 94:16, 94:18, 94:21, 95:3, 95:4, 95:14, 95:17, 95:24, 96:3, 96:7, 96:16, 96:21, 97:1, 97:9, 97:11, 99:11, 99:17, 99:20, 99:23. 100:24. 101:9, 102:7, 103:8, 104:4, 106:4, 107:8, 107:11, 107:20, 107:21, 109:9, 109:15, 109:18, 110:8, 110:10, 110:13, 114:17, 117:10, 118:19, 120:2, 121:7, 121:10, 121:12, 121:14, 122:1, 122:7, 122:11, 124:15, 124:21, 126:18, 127:3, 127:6, 127:9, 130:18, 131:7, 131:10, 131:13, 132:2, 132:3, 134:16, 136:6, 136:7, 137:14, 138:22 **MS** [1] - 4:14 **Mudie** [2] - 66:5, 66:12 multiple [1] - 86:8 must [1] - 29:7 MVA[1] - 99:15 Myers [2] - 53:10, 91.24 Mylan [3] - 14:8, 14:12, 14:14 mysterious [1] - 25:10 mystery[1] - 25:12

# Ν

name [6] - 4:6, 6:24, 52:4, 52:6, 57:22, 58:13 named [1] - 120:4 namely [2] - 24:16, 24:24

narrow [2] - 76:19, 127:12 NASA[1] - 57:19 NASDAQ[1] - 54:20 national [1] - 56:24 nature [3] - 101:24, 129:8, 134:11 Nature [1] - 64:23 NDA [4] - 61:11, 78:9, 127:13, 127:17 near [1] - 15:3 nearly [1] - 31:2 necessarily [3] - 12:9, 26:12, 83:14 necessary [1] - 97:23 **need** [7] - 19:14, 51:13, 51:17, 83:14, 94:13, 110:23, 137:5 needed [2] - 127:15, 137:12 needs [3] - 73:25, 83:15, 113:2 neuro [1] - 91:23 never [7] - 24:10, 40:8, 58:20, 59:3, 118:10, 134:1 new [9] - 6:23, 17:1, 31:16, 44:17, 45:23, 52:17, 54:17, 63:2, 84:15 New [4] - 1:17, 53:7, 91:20, 92:9 next [39] - 21:2, 22:10, 23:19, 23:25, 24:21, 25:2, 26:15, 27:3, 29:3, 29:14, 30:17, 48:8, 48:9, 51:11, 70:23, 79:18, 79:22, 79:25, 80:5, 80:15, 80:21, 81:12, 81:21, 82:23, 83:21, 84:5, 89:20, 90:5, 99:24, 102:8, 104:5, 106:5, 114:23, 115:17, 127:10, 131:14, 131:19, 132:20, 134:20 nice [1] - 98:10 Nichols [2] - 1:12, 4:7 NIOSH [2] - 95:21, 95:23 nobody [1] - 119:1 **nominally** [2] - 17:25, 19:10 **non** [4] - 21:16, 31:7, 53:14, 60:20

non-aqueous [1] -

- 31:7, 60:20

non-infringement [2]

21:16

non-sterile [1] - 53:14 none [5] - 34:6, 44:7, 44:25, 131:25 nonpareils [1] - 89:2 normal [7] - 11:17, 11:19, 59:5, 101:7, 101:14, 103:13, 105:24 normally [1] - 120:17 North [2] - 1:13, 1:23 notable [1] - 137:22 notably [4] - 16:12, 16:25, 20:3, 24:1 note [2] - 63:22, 99:5 noted [2] - 7:23, 84:1 nothing [12] - 36:3, 45:22, 93:7, 93:22, 96:17, 111:1, 112:14, 113:7, 113:9, 115:20 notice [8] - 10:4, 98:15, 99:5, 105:3, 106:11, 115:6, 115:10, 115:18 notwithstanding [1] -15:9 novel [1] - 56:8 November [2] - 7:10, 9:9 nowhere [1] - 122:2 nub [1] - 88:23 nuclear [1] - 120:10 **NUMBER** [3] - 2:14, 3:2 Number [22] - 4:4, 50:1, 59:15, 60:3, 62:22, 63:17, 65:25, 66:20, 69:22, 72:7, 75:15, 85:8, 86:18, 87:11, 96:16, 97:10, 99:22, 107:13, 110:12, 121:13, 127:8, 131:12 number [14] - 10:3, 11:24, 27:12, 48:16, 57:25, 65:3, 91:14, 96:17, 97:2, 100:1, 117:11, 117:14 Numbers [2] - 79:9, 91:9 numbers [12] - 15:3, 19:11, 41:7, 42:20, 42:21, 48:15, 48:18, 49:3, 103:10, 115:24, 116:1, 116:14 NY [1] - 1:17

## 0

oath [1] - 24:18 object [1] - 109:9 objected [1] - 103:9 objecting [2] - 11:12, objection [58] - 11:4, 12:15, 12:24, 50:12, 50:13, 50:14, 59:25, 60:1, 60:8, 60:11, 62:19, 62:20, 63:14, 63:15, 65:22, 65:23, 66:17, 66:18, 69:18, 69:19, 72:4, 72:6, 75:13, 79:6, 79:7, 82:11, 82:17, 83:16, 83:19, 85:5, 85:6, 86:15, 86:16, 87:8, 87:9, 90:24, 91:1, 94:16, 95:16, 95:17, 96:16, 99:19, 99:20, 100:24, 100:25, 101:2, 103:8, 107:10. 107:11. 110:10, 121:9, 121:10, 122:1, 124:18, 127:5, 127:6, 131:9, 131:10 objections [6] - 5:10, 5:20, 6:21, 10:17, 47:8, 49:23 objective [3] - 75:20, 108:13, 108:21 obligated [2] - 117:2, 117:3 **obligation** [1] - 39:22 observe [1] - 102:20 obtain [1] - 108:21 **obvious** [1] - 19:25 obviously [5] - 39:21, 40:15, 77:15, 78:9, 88.4 Occupational [1] -96.1 occupational [1] -92:19 occur [5] - 25:14, 72:21, 72:22, 74:23, 98:24 occurred [1] - 24:20 occurs [2] - 119:18, 120:14 odd [2] - 82:14, 82:16 **OF** [1] - 1:1 offer [23] - 59:24, 60:4, 62:17, 63:12, 65:21, 66:16, 69:15, 72:3, 75:12, 79:5, 82:10, 85:4, 86:14, 87:7,

89:11, 90:23, 95:15, 96:14, 99:18, 107:9, 110:9, 121:8, 127:4 office [2] - 40:7, 57:24 officer [2] - 52:14, 55.4 Official [2] - 1:25, 139:8 often [1] - 137:24 ointments [1] - 53:16 **old** [1] - 114:14 Old [1] - 1:16 once [10] - 13:6, 13:14, 17:6, 79:19, 87:14, 111:10, 111:18, 113:17, 113:19, 131:24 once-daily [2] - 13:6, 13:14 one [60] - 6:10, 6:14, 6:16, 6:17, 8:2, 9:16, 11:24, 14:8, 15:6, 15:18, 16:22, 21:24, 34:24, 42:19, 48:2, 48:20, 50:8, 53:4, 60:17, 63:24, 64:6, 64:14, 64:16, 66:8, 66:24, 67:25, 71:2, 72:9, 73:7, 77:21, 78:2, 79:22, 80:4, 80:14, 82:12, 88:11, 91:14, 93:16, 96:16, 97:2, 98:24, 103:18, 106:17, 113:10, 118:25, 119:22, 120:16, 120:17, 122:13, 123:6, 123:7, 128:17, 128:18, 128:23, 131:21, 137:15 One [2] - 1:4, 125:7 one-to-one [1] - 63:24 one-year [1] - 53:4 ones [1] - 47:24 onsite [2] - 53:4, 53:7 opening [9] - 5:8, 5:11, 5:22, 7:1, 7:14, 10:6, 11:21, 36:25, 50:20 openings [1] - 5:9 operating [2] - 52:14, operational [1] - 55:3 operations [2] - 55:19, 88.16 opinion [23] - 65:7, 82:6, 82:13, 83:13, 83:25, 84:10, 84:14, 96:22, 97:12,

101:11, 117:15,

117:16, 120:1, 124:10, 126:8, 132:17, 132:20, 134:17, 134:24, 135:6, 135:9, 136:1 opinions [33] - 8:16, 24:2. 31:6. 60:16. 62:11. 65:17. 69:11. 71:24, 77:23, 78:1, 78:2, 78:8, 78:14, 78:17, 79:1, 81:19, 82:16, 84:25, 86:10, 87:3, 90:2, 90:11, 90:19, 91:7, 95:11, 96:12, 96:22, 110:5, 121:5, 122:1, 126:25, 131:4, 131.18 opportunity [3] - 10:2, 10:19, 122:13 opposed [1] - 25:15 **opposing** [1] - 73:3 opposite [1] - 30:12 Oracea [66] - 13:5, 13:6, 13:12, 13:19, 22:3, 22:5, 22:8, 23:5, 25:1, 28:13, 28:17, 30:22, 33:15, 34:12, 35:17, 37:20, 41:20, 43:4, 48:24, 61:11, 61:15, 71:9, 73:3, 74:14, 74:21, 76:12, 77:7, 78:9, 84:10, 84:12, 84:15, 84:17, 84:24, 85:10, 85:12, 85:19, 85:25, 86:9. 93:22. 93:24. 97:23. 98:14. 102:11. 102:18. 104:9, 108:14, 108:23, 109:23, 110:15, 112:8, 115:2, 115:10, 115:22, 116:9, 116:21, 117:1, 125:21, 126:14, 127:13, 127:14, 127:16, 127:17, 132:15, 133:9, 135:24 Oracea's [7] - 13:14, 23:2, 23:17, 26:22, 27:8, 45:8, 85:11 oral [22] - 17:13, 22:2, 29:17, 39:15, 56:7, 63:8, 79:16, 81:25, 83:6, 85:17, 87:12, 106:2, 108:3, 117:18, 127:20, 131:22, 131:24,

132:12, 133:3, 135:5, 135:17, 135:21 order [4] - 5:11, 47:7, 72:16, 108:22 ordinary [4] - 65:7, 77:9, 77:10, 103:25 organ [1] - 73:19 organization [2] -35:15, 56:20 organizations [2] -56:16, 57:1 original [2] - 14:13, 45:22 originally [2] - 39:24, 40:11 otherwise [3] - 16:7, 16:24, 133:12 ounces [1] - 25:25 ourselves [1] - 44:4 outlawed [1] - 21:14 **outline** [1] - 66:10 outlined [1] - 61:16 outputs [1] - 124:2 overall [1] - 89:18 overlap [5] - 26:21, 28:17, 49:11, 49:12, 103:13 overnight [1] - 26:12 oversaw [1] - 46:10 overshoot [1] - 76:14 overview [1] - 61:14 own [15] - 16:4, 21:11, 25:5, 26:9, 31:11, 35:6, 35:10, 35:13, 37:1, 37:3, 89:1, 111:25, 119:13, 127:11, 131:15

#### Р

P.A [1] - 1:22 p.m [1] - 138:23 **P.O** [1] - 1:13 **PA**[1] - 1:9 paddle [1] - 64:15 Page [1] - 8:15 page [2] - 25:21, 121.18 paid [1] - 57:25 pain [1] - 55:5 paint [6] - 91:19, 92:4, 98:3, 99:8, 100:16 painting [1] - 98:3 paper [9] - 66:5, 66:10, 69:9, 98:4, 120:3. 120:4. 120:8. 121:3, 121:15 papules [1] - 13:8 Paragraph [3] - 14:25,

15:8, 35:11 paragraph [1] - 41:3 parameter [2] -123:12. 123:16 parameters [1] - 70:4 parse [1] - 42:17 part [18] - 9:13, 17:24, 19:4, 29:25, 38:9, 41:23, 67:11, 72:11, 72:17, 73:7, 83:2, 83:4, 84:17, 96:22, 108:2, 115:4, 115:17 participated [1] - 70:6 particle [6] - 89:4, 89:5, 89:7, 102:10, 102:12, 123:2 particular [8] - 29:24, 73:7, 97:25, 98:22, 100:9, 106:7, 110:24, 112:11 particularly [1] - 55:2 parties [1] - 122:6 parts [6] - 11:6, 19:2, 73:16, 100:9, 118:9, 136:13 pass [4] - 105:15, 105:17, 133:12 passed [1] - 115:25 past [2] - 57:3, 57:4 patent [51] - 14:12, 14:13, 16:1, 16:17, 35:6, 35:13, 36:1, 36:2. 36:11. 36:21. 36:22, 37:11, 37:23, 39:2, 40:7, 40:11, 41:20, 42:2, 45:5, 45:6, 46:2, 50:20, 57:24, 60:17, 78:25, 79:13, 79:14, 79:15, 79:16, 80:6, 80:7, 80:8, 80:13, 80:16, 80:17, 80:19, 80:20, 81:2, 81:14, 81:22, 83:23, 85:16, 117:6, 126:1, 131:21, 132:5, 134:21, 136:20 patentee [1] - 37:2 patents [41] - 13:5,

13:12, 13:13, 13:14,

14:3, 14:5, 14:7,

15:1, 15:21, 16:22,

17:3, 17:10, 18:1,

28:22, 30:14, 32:7,

32:15, 32:20, 32:22,

33:18, 36:16, 57:22,

57:24, 58:2, 75:20,

78:3, 78:4, 78:6,

78:9, 78:13, 79:1,

79:11, 81:3, 84:11,

84:13, 85:20, 85:25,
88:13, 131:17
patient [1] - 137:22
patients [4] - 13:8,
26:12, 94:12, 94:22
patterns [2] - 14:19,
14:20
pause [1] - 45:16
<b>PDX</b> [1] - 6:22
<b>PDX-2</b> [2] - 48:3,
48:14
PDX-2.13 [1] - 47:22
PDX-2.53 [1] - 47:24
peak [2] - 125:8,
125:13
peaks [3] - 49:3,
•
125:8, 125:12
pearl [1] - 88:23
peek [1] - 76:15
<b>peel</b> [1] - 98:4
peer [6] - 8:17, 8:21,
8:25, 9:13, 56:3,
57:21
pellet [14] - 18:22,
18:23, 18:25, 19:4,
22:15, 22:17, 22:19,
88:25, 100:2, 100:3,
100:12, 100:21,
115:7
pellets [29] - 15:11,
22:13, 22:20, 23:3,
23:13 43:15 43:16
23:13, 43:15, 43:16,
56:8, 80:13, 100:22,
56:8, 80:13, 100:22, 102:3, 102:11,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 116:9,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 116:9,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 106:7, 115:18, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 106:7, 115:18, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] -
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 106:7, 115:18, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 106:7, 115:18, 115:12, 116:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10  Pennsylvania [1] - 53:5
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 106:7, 115:18, 115:12, 116:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2  penetrate [1] - 98:10  Pennsylvania [1] - 53:5  people [9] - 5:15,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 105:21, 106:7, 115:18, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10  Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 106:7, 115:18, 115:12, 116:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2  penetrate [1] - 98:10  Pennsylvania [1] - 53:5  people [9] - 5:15,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:18, 115:12, 116:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10  Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 105:22, 106:7, 115:18, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2  penetrate [1] - 98:10  Pennsylvania [1] - 53:5  people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6  per [7] - 5:1, 64:16,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 105:22, 106:7, 115:18, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2  penetrate [1] - 98:10  Pennsylvania [1] - 53:5  people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6  per [7] - 5:1, 64:16, 75:24, 76:2, 77:5,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6 per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:18, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5  people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6 per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21 percent [95] - 17:12,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6 per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6 per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21 percent [95] - 17:12, 17:13, 21:8, 22:12,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6 per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21 percent [95] - 17:12, 17:13, 21:8, 22:12, 22:14, 22:24, 23:5,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:21, 105:22, 106:7, 115:18, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2  penetrate [1] - 98:10  Pennsylvania [1] - 53:5  people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6  per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21  percent [95] - 17:12, 17:13, 21:8, 22:12, 22:14, 22:24, 23:5, 23:6, 23:8, 23:16,
56:8, 80:13, 100:22, 102:3, 102:11, 102:14, 103:6, 103:19, 103:22, 105:21, 105:22, 106:7, 115:8, 115:12, 115:13, 115:14, 116:9, 116:11, 117:16, 133:15, 133:23, 135:3  pending [1] - 58:2 penetrate [1] - 98:10 Pennsylvania [1] - 53:5 people [9] - 5:15, 51:12, 57:18, 58:19, 59:3, 70:22, 119:24, 137:25, 138:6 per [7] - 5:1, 64:16, 75:24, 76:2, 77:5, 79:20, 79:21 percent [95] - 17:12, 17:13, 21:8, 22:12, 22:14, 22:24, 23:5,

27:12, 27:18, 35:19,

```
36:13, 38:23, 38:25,
 39:7, 39:10, 39:18,
 40:16, 40:18, 41:13,
 41:14, 42:6, 42:15,
 42:22, 42:23, 43:5,
 43:9, 44:24, 45:14,
 48:24, 49:5, 75:2,
 84:3, 91:15, 93:15,
 99:25, 100:1, 100:3,
 100:4, 100:5,
 100:10, 100:11,
 102:17, 102:21,
 102:22, 104:8,
 104:9, 104:14,
 104:15, 104:16,
 104:18, 105:4,
 105:5, 105:6, 105:9,
 105:12. 105:13.
 105:20. 105:21.
 106:9, 106:11,
 106:12, 107:1,
 113:12, 115:6,
 115:11, 115:14,
 116:10, 116:11,
 116:16, 117:25,
 123:17, 127:19,
 129:15, 132:13
percentage [1] -
 113:13
percentages [1] -
 105:7
percentile [1] - 70:18
perfectly [4] - 33:10,
 33:21, 89:8
perform [1] - 45:8
performance [3] -
 63:3. 66:11. 123:25
performed [1] -
 124:25
performs [2] - 19:19,
 124:11
perhaps [2] - 103:18,
 119:10
person [13] - 4:19,
 36:16, 36:23, 40:18,
 51:6, 65:7, 71:13,
 77:9, 77:10, 77:11,
 77:13, 93:10
personal [2] - 119:23,
 120:1
perspective [1] -
 32:17
persuaded [1] - 14:21
petri [1] - 38:5
Pfizer [1] - 53:7
pH [128] - 7:1, 7:5, 7:8,
 7:23, 8:18, 9:1,
 23:10, 23:12, 25:7,
 25:8, 25:12, 25:15,
 26:5, 26:6, 26:13,
```

```
26:25, 27:1, 27:5,
                            13:21, 53:24, 54:8
 27:7, 31:11, 32:1,
                           pharmaceutics [1] -
 33:23, 34:2, 34:21,
                            52:24
 34:22, 34:23, 35:2,
                           Pharmaceutics [3] -
 35:12, 37:6, 37:17,
                            55:25. 56:1. 56:5
 38:2, 38:3, 38:14,
 38:16, 39:5, 39:9,
                           Pharmacopeia [1] -
 42:5, 42:14, 42:17,
                            35.15
 44:4, 44:6, 44:24,
                           pharmacopeia [1] -
 45:2, 45:13, 45:17,
                            62.15
 45:19, 64:18, 64:20,
                           Pharmacopeial [1] -
 64:25, 65:3, 65:4,
                            57:2
 66:25, 67:1, 67:2,
                           pharmacy [1] - 52:22
 67:3, 67:5, 67:6,
                           Pharmavene [3] -
 67:10, 68:7, 68:12,
                            54:4, 54:5, 54:9
 68:13, 68:14, 68:20,
                           Phase [3] - 55:14,
 69:1, 69:2, 69:4,
                            55:15
 70:3. 70:12. 70:14.
                           phenomenon [2] -
 71:13. 71:14. 71:15.
                            31:25, 32:3
 72:9, 104:25, 105:1,
                           Philadelphia [1] - 1:9
 105:8, 106:1,
                           Phillips [2] - 1:22,
 108:19, 109:1,
                            4:15
 109:2, 109:4, 109:5,
                           phrase [1] - 80:12
 109:6, 110:24,
                           pHs [4] - 68:24, 69:3,
 111:7, 111:10,
                            114:1, 120:13
 111:13, 111:15,
                           physiological [4] -
 111:20, 111:21,
 111:22, 112:13,
                            84.8
 112:16, 112:17,
                           physiologically [3] -
 112:18, 112:25,
                            25:7, 31:4, 71:14
 113:14, 113:16,
 113:20, 114:12,
                           pick [1] - 65:3
 115:5, 115:9,
                           picked [3] - 31:8,
 115:19, 116:10,
                            43:23, 44:1
 117:17, 117:21,
 119:15, 119:16,
                            128:1, 128:5
 119:17, 119:19,
                           pills [2] - 98:12,
 119:20, 121:2,
                            133:10
 124:4, 127:20,
                           pilot [1] - 54:13
 129:21, 129:22,
                           pivotal [1] - 54:11
 130:4, 130:5,
                           PK [1] - 26:21
 132:11, 132:12,
                           place [2] - 31:15, 89:9
 132:13
                           Plaintiff [2] - 46:25,
Ph.D [1] - 52:24
                            47:12
PH.D [1] - 53:1
                           PLAINTIFFS [2] -
pharmaceutical [23] -
                            1:12, 1:15
 16:12, 36:5, 39:15,
                           Plaintiffs [24] - 4:8,
 46:10, 46:13, 46:15,
                            13:1, 13:4, 47:1,
 52:24, 53:13, 55:8,
 60:7, 62:16, 77:21,
                            66:15, 69:14, 72:2,
 79:17, 80:4, 85:17,
                            75:11, 79:4, 82:9,
 90:9, 92:20, 92:23,
                            85:3, 86:13, 87:6,
 92:25, 113:23,
 131:22, 132:23,
 135:11
                            127:3, 131:7
Pharmaceutical [1] -
                           Plaintiffs' [6] - 4:5,
 56:19
                            5:11, 5:22, 6:22,
pharmaceuticals [2] -
                            11:5, 16:9
 35:16, 56:17
```

Pharmaceuticals [3] -

```
50:15, 124:17,
                             124:23
                           platform [2] - 108:6,
                             132:10
                           plausible [1] - 10:11
pharmacist [1] - 52:23
                           played [1] - 53:18
                           plays [1] - 49:14
                           plenty [1] - 50:24
                           plot [3] - 42:20, 125:1,
                             125.2
                           plots [1] - 125:4
                           plotted [2] - 42:9,
                             125:2
                           plural [1] - 30:12
                           plus [4] - 27:24,
                             117:21, 123:17,
                             127:21
                           pocket [1] - 99:2
                           pockets [1] - 99:3
                           podium [1] - 6:3
                           point [15] - 8:8, 9:22,
                             12:10, 18:6, 19:12,
                             35:5, 43:13, 63:23,
                             68:3, 87:20, 102:2,
                             102:5, 118:7, 125:9,
                             129:22
 23:12, 25:19, 81:10,
                           pointed [1] - 67:1
                           pointing [1] - 99:6
                           points [8] - 35:25,
                            37:24, 39:2, 39:6,
physiology [1] - 73:10
                            42:24, 50:3, 112:7,
                             125:15
                           poly [1] - 133:17
                           polymer [24] - 23:4,
pill [4] - 93:17, 127:25,
                            23:16, 36:20, 56:9,
                             56:11, 80:14, 98:5,
                             98:17, 100:9,
                             104:15, 105:1,
                             106:15, 112:6,
                             112:8, 112:11,
                             112:16, 113:6,
                             113:10, 113:15,
                             120:18, 123:3, 128:3
                           polymers [6] - 56:13,
                            57:11, 98:9, 113:1,
                             114:16, 133:14
                           polymers' [1] - 56:14
                           population [3] - 22:16,
                            22:17. 100:21
 59:23, 62:17, 65:20,
                           portion [55] - 17:7,
                             17:8, 17:17, 18:5,
                             18:6, 18:8, 18:9,
                             18:11, 19:1, 19:17,
 90:22, 95:14, 99:17,
                             20:14, 20:19, 20:23,
 107:8, 110:8, 121:7,
                             20:24, 22:1, 23:1,
                             27:15, 28:25, 29:1,
                             29:12, 29:13, 29:21,
                             29:24, 30:9, 30:10,
                             30:12, 35:21, 41:22,
plan [1] - 60:23
                             41:23, 41:25, 43:14,
plasma [4] - 28:16,
```

44:25, 60:19, 60:20, 79:24, 80:1, 80:13, 81:8, 82:24, 82:25, 83:2, 83:7, 87:22, 87:24, 108:3, 109:10, 132:6, 132:24, 133:6, 134:22, 135:2, 135:12, 135:18 portions [2] - 27:8, 32:1 POSA [3] - 77:10, 77:18, 84:1 poses [1] - 96:11 position [7] - 7:13, 53:13, 53:23, 54:3, 54:12, 54:16, 88:4 positions [1] - 55:23 posits [1] - 45:2 possible [6] - 25:14, 89:12, 102:23, 102:25, 103:17, 113:13 possibly [2] - 23:9, 92:22 post [4] - 24:5, 54:11, 54:21, 83:13 potentially [1] - 9:21 **powders** [1] - 53:17 precedents [1] - 41:6 precise [5] - 10:14, 12:17, 12:21, 32:24, 76:24 precisely [2] - 32:22, 101:7 preclinical [1] - 54:10 predecessor [3] -13:21, 16:3, 16:6 predecessors [1] -18:18 preferred [3] - 36:11, 38:23 preliminaries [1] - 5:9 prematurely [1] - 21:5 premed [1] - 130:16 prepared [1] - 52:11 preparing [1] - 8:16 prescribing [2] -84:17, 87:2 present [3] - 5:8, 27:17, 32:19 presented [2] - 96:22, 121:24 presenting [1] - 5:16 preserve [1] - 50:12 preserved [2] -124:18, 124:19 President [1] - 137:23 president [2] - 46:9, 54:3

presorted [1] - 102:11 prestigious [3] -56:22, 57:7, 57:15 presume [1] - 83:16 pretrial [2] - 5:11, 47:7 pretty [6] - 60:16, 68:9, 70:12, 120:14, 125:9, 129:8 preview [1] - 32:14 previously [1] - 83:24 primarily [2] - 98:7, 104:21 primary [1] - 63:22 principal [1] - 103:19 principally [1] - 100:8 privilege [5] - 7:20, 8:20, 10:25, 11:2, 44:9 privileged [3] - 10:10, 10:12, 10:15 probative [1] - 31:11 problem [5] - 11:9, 11:10, 115:15, 117:1, 138:10 problems [2] - 4:23, 138:18 procedurally [1] - 5:14 proceed [6] - 6:19, 11:3, 32:12, 46:25, 60:12, 91:7 proceedings [1] -139:4 process [12] - 21:7, 33:14, 37:13, 53:13, 72:11, 88:17, 90:17, 100:2, 100:4, 100:14, 123:20 processes [4] - 21:20, 44:21, 92:25, 93:1 produced [2] - 9:20, 43:23 Product [1] - 27:11 product [146] - 13:5, 13:9, 13:24, 15:7, 15:9, 15:20, 16:2, 17:4, 17:5, 17:6, 17:9, 17:11, 17:25, 18:3, 18:22, 19:7, 19:8, 19:13, 19:18, 20:3, 20:13, 20:16, 20:22, 21:1, 21:4, 21:17, 21:21, 22:6, 22:8, 23:2, 23:20, 24:6, 25:6, 26:20, 26:23, 26:24, 26:25, 27:2, 28:12, 28:17, 28:20, 28:23, 29:9, 29:16, 30:14, 30:19, 30:20, 30:22, 31:3,

31:20, 32:18, 32:21,

32:25, 34:21, 34:22, 35:3, 35:8, 35:18, 35:22, 37:20, 37:21, 40:22, 41:2, 41:12, 41:13, 41:16, 41:19, 42:25, 43:3, 43:4, 43:12, 43:20, 44:17, 44:20, 46:4, 46:11, 53:20, 53:21, 58:20, 59:3, 61:14, 61:15, 63:3, 69:1, 70:1, 70:2, 71:9, 71:11, 76:4, 78:3, 86:21, 88:8, 88:11, 88:13, 88:14, 88:15, 89:18, 89:24, 90:1, 90:10, 90:18, 91:13, 92:20, 92:23. 94:1. 102:10. 102:11. 107:23. 107:24, 108:14, 108:22, 109:2, 109:23, 110:16, 112:9, 115:2, 115:7, 116:21, 117:8, 124:17, 125:10, 125:11, 125:21, 126:11, 126:13, 126:14, 127:23, 131:16, 132:11, 132:14, 132:16, 132:17, 133:8, 134:17, 134:24, 135:22, 135:23, 135:25, 136:1, 136:12, 137:17 products [25] - 16:11, 16:14, 32:16, 43:6, 49:6, 53:18, 54:5, 54:7, 54:24, 58:6, 58:8, 58:10, 58:17, 59:1, 60:6, 62:16, 63:2, 67:4, 96:18, 97:3, 104:12, 105:15, 111:12, 123:25, 126:7 professional [4] -53:3, 56:16, 57:1, 59:21 Professor [1] - 55:24 professor [1] - 56:1 profile [4] - 27:20, 27:21, 37:6, 38:1 profiles [1] - 27:17 promoted [1] - 53:24 promptly [2] - 9:20, 11:1 pronounced [3] -61:9, 75:2, 76:23 proofs [2] - 16:4, 20:9

proper [2] - 34:2,

44:14 properly [2] - 43:13, 43:21 properties [1] - 21:15 proposed [2] - 13:9, 15.6 prosecution [1] -41.11 protect [1] - 64:24 proteins [2] - 73:22, 73:24 protocol [1] - 26:2 prove [5] - 23:24, 35:9, 40:23, 50:3, 101:4 proved [1] - 15:14 proven [3] - 118:25, 119:1, 126:12 provide [3] - 60:14, 62:25, 85:10 provided [4] - 78:11, 98:13, 106:6, 106:8 provides [1] - 88:22 providing [1] - 13:17 pTX-001 [1] - 2:14 PTX-001 [3] - 78:19, 79:5, 79:9 PTX-002 [2] - 2:15, 79.9 PTX-049 [5] - 2:15, 130:22, 131:4, 131:8, 131:12 PTX-135 [2] - 95:5, 95:11 **PTX-136** [4] - 2:16, 96:8, 96:14, 97:10 PTX-137 [5] - 2:16, 65:12, 65:17, 65:21, 65:25 PTX-143 [5] - 2:17, 62:3, 62:11, 62:17, 62:22 PTX-145 [4] - 2:17, 66:2, 66:16, 66:20 PTX-149 [5] - 2:18, 69:6, 69:11, 69:15, 69:22 PTX-160 [2] - 82:4, 82:10 PTX-162 [5] - 2:18, 84:19, 84:25, 85:4, 85:8 PTX-163 [4] - 2:19, 63:4, 63:12, 63:17 PTX-175 [4] - 2:19, 86:5, 86:14, 86:18 PTX-176 [4] - 2:20,

75:5. 75:12. 75:15

89:12, 90:23, 91:9

PTX-184 [4] - 2:20,

PTX-185 [4] - 2:21, 89:20, 90:2, 91:9 PTX-186 [4] - 2:21, 90:5. 90:11. 91:9 PTX-187 [4] - 2:22, 90:13, 90:19, 91:10 PTX-190 [5] - 2:22, 126:19, 126:25, 127:4, 127:8 PTX-191 [5] - 2:23, 71:16, 71:24, 72:3, 72:7 PTX-194 [5] - 2:23, 109:25, 110:5, 110:9, 110:12 PTX-198 [3] - 2:24, 86:21, 87:11 PTX-202 [4] - 2:24, 107:2, 107:9, 107:13 PTX-214 [4] - 2:25, 59:15, 59:24, 60:3 PTX-223 [5] - 119:8, 120:4, 121:4, 121:8, 121:13 pTX-223 [1] - 2:25 public [2] - 54:20, 54:21 publication [7] - 6:23, 7:10, 7:17, 9:1, 9:4, 9:9, 10:3 publications [7] - 7:2, 7:8, 8:21, 56:3, 56:6, 58:3, 59:21 **publicly** [1] - 55:4 **published** [1] - 56:2 pull [2] - 93:11, 106:18 pulled [1] - 14:25 **pure** [1] - 12:23 purple [4] - 36:7, 39:16, 43:4 purpose [6] - 13:12, 63:21, 63:22, 68:20, 73:21, 106:19 purposes [4] - 24:6, 25:4, 39:23, 122:3 pustules [1] - 13:8 put [21] - 8:13, 11:7, 23:1, 28:22, 38:5, 38:21, 38:25, 39:5, 39:8, 45:19, 49:6, 49:8, 50:1, 54:25, 70:11, 75:19, 93:25, 94:12, 105:1, 106:20, 113:6 putting [3] - 45:4, 92:19, 100:17 pylorus [2] - 67:17, 73:11

111:12, 111:16,

## Q

QC [19] - 67:7, 104:25, 105:8, 105:14, 105:17, 108:19, 110:19, 110:20, 110:21, 111:15, 112:3, 112:15, 114:5, 115:4, 115:20, 115:21, 116:16, 119:15 **QRx** [2] - 55:5, 55:8 quality [15] - 23:11, 23:13, 25:13, 25:20, 56:9, 63:1, 63:3, 63:22, 64:4, 89:18, 104:22, 104:23, 116:24, 118:12 quantities [1] - 61:17 quarter [2] - 64:12, 128:2 questionable [4] -24:13, 97:25, 98:23, 121.25 questions [5] - 7:4, 7:6, 7:23, 9:19, 92:20 quick [4] - 120:25, 121:1, 137:15, 137:16 quickly [1] - 120:12 quietly [1] - 51:14 quite [8] - 59:2, 80:7, 88:25, 89:5, 107:15, 116:13, 121:22, 126:11 quote [2] - 24:22, 24:24

## R

**R&D**[3] - 22:6, 44:18, 46:10 R-U-D-N-I-C [1] - 52:7 radio [1] - 74:18 raise [2] - 4:24, 47:8  $\textbf{raised} \, [\textbf{1}] \textbf{ - } 94 \vdots 6$ raises [1] - 92:20 **RAKOCZY** [62] - 1:18, 32:8, 32:12, 32:14, 38:7, 41:9, 43:24, 46:20, 47:7, 47:16, 47:19, 47:21, 48:3, 48:6, 48:9, 48:13, 48:17, 48:20, 49:4, 49:23, 50:11, 51:1, 60:1, 60:9, 62:20, 63:15, 65:23, 66:18, 69:19, 72:5, 75:13, 79:7, 82:12, 82:14,

82:20, 83:19, 85:6, 85:22, 86:16, 87:9, 87:16, 87:25, 88:4, 91:1, 91:5, 94:16, 94:21, 95:17, 96:16, 97:1, 99:20, 100:24, 103:8, 107:11, 109:9, 110:10, 121:10, 122:1, 122:11, 124:21, 127:6, 131:10 Rakoczy [8] - 1:20, 2:4, 2:5, 4:16, 4:17, 32:9, 47:14, 90:24 range [9] - 23:16, 33:18, 70:12, 76:11, 84:2, 84:3, 114:12, 128:7, 129:25 ranges [1] - 25:16 ranging [1] - 27:17 rate [9] - 61:25, 108:22, 123:3, 123:8, 125:23, 126:7, 129:11, 133:13, 134:3 rather [2] - 5:5, 122:9 ratio [25] - 14:1, 17:25, 26:18, 27:6, 28:21, 29:2, 30:16, 33:2, 33:3, 34:12, 35:2, 36:11, 38:22, 38:23, 39:21, 40:2, 40:5, 41:5, 41:15, 43:17, 76:13, 88:12, 127:13, 136:21 ratios [6] - 13:23, 34:11, 34:16, 36:2, 36:3, 50:15 raw [2] - 42:19, 42:21 **RDR** [2] - 1:24, 139:7 reach [1] - 16:3 read [4] - 41:8, 85:24, 125:19, 136:6 ready [1] - 8:13 real [2] - 18:14, 61:16 really [14] - 9:25, 16:19, 18:6, 45:17, 74:17, 80:7, 89:5, 89:6, 94:4, 98:18, 101:25, 132:1, 134:1, 138:2 reason [5] - 40:20, 93:23, 119:25, 123:24, 133:20 reasonable [2] -40:25, 46:6 reasonably [1] - 59:19 reassemble [1] -73:24 Rebuttal [1] - 2:11

rebuttal [6] - 9:7, 33:4, 34:23, 44:3, 122:3, 122:5 receive [1] - 22:20 received [3] - 7:10, 9:9, 12:3 recent [2] - 15:6, 59.19 recently [2] - 57:24, 127.18 Reckitt [2] - 30:6, 30:13 recognize [19] - 59:16, 62:6, 63:6, 68:16, 71:19, 75:7, 78:22, 84:21, 86:24, 89:15, 89:21, 90:6, 90:14, 95:8, 96:9, 99:13, 107:3, 126:20, 130:24 recommend [1] -68:13 reconcile [1] - 33:19 record [9] - 4:25, 49:24, 50:2, 50:18, 51:7, 52:3, 123:7, 124:19, 139:4 records [2] - 104:7, 123:5 recover [1] - 93:6 red [4] - 43:6, 137:24, 138:2, 138:3 reddening [1] - 75:22 Reddy's [1] - 15:1 redness [1] - 76:1 refer [2] - 6:23, 82:18 reference [2] - 56:4, 126:13 referencing [1] - 63:9 referring [8] - 44:1, 44:3, 48:1, 75:9, 80:10, 82:7, 83:17, 107:6 reflect [1] - 18:19 reformulated [1] -15:6 refused [1] - 44:10 regarding [3] - 28:25, 32:15, 84:10 regions [1] - 74:20 registered [1] - 52:23 regression [1] - 70:20 regulating [1] - 96:17 regulation [3] - 24:25, 97:3, 108:16 regulatory [1] - 54:14 **Reindel** [1] - 1:16 rejected [4] - 17:2, 18:2, 40:8, 40:13 rejecting [1] - 119:11

relate [3] - 80:24, 109:8, 109:19 related [2] - 56:16, 58:3 relates [1] - 77:12 relation [1] - 131:19 relationships [1] -63:24 relatively [2] - 10:3, 57:9 release [188] - 13:19, 13:20, 13:24, 14:1, 15:11, 17:7, 17:8, 17:11, 17:12, 17:17, 17:19, 17:23, 18:3, 18:5, 18:8, 18:9, 18:11, 18:12, 18:23, 18:24, 19:1, 19:2, 19:4, 19:5, 19:7, 19:8, 19:10, 19:11, 19:17, 20:11, 20:14, 20:17, 20:19, 20:23, 20:24, 22:1, 23:1, 23:20, 23:21, 23:22, 26:19, 27:1, 27:7, 27:8, 27:11, 27:12, 27:13. 27:14. 27:17. 27:20, 28:14, 28:15, 28:25, 29:1, 29:5, 29:6, 29:7, 29:12, 29:13, 29:15, 29:17, 29:20, 30:1, 30:2, 30:19, 30:20, 31:25, 32:1, 33:1, 33:8, 33:9, 33:10, 34:6, 35:21, 35:22, 36:7, 36:17, 37:6, 37:8, 37:11, 37:14, 37:16, 37:17, 37:22, 37:24, 38:1, 38:11, 41:17, 42:1, 42:16, 42:23, 42:24, 43:15, 43:16, 44:5, 44:24, 45:14, 46:4, 46:5, 50:4, 50:8, 53:11, 58:22, 59:1, 59:6, 59:7, 59:10, 60:18, 60:19, 60:20, 60:21, 63:8, 63:24, 64:4, 66:23, 66:25, 68:10, 68:11, 68:16, 77:3, 79:23, 80:1, 81:8, 81:10, 81:15, 81:16, 81:18, 81:23, 81:24, 82:1, 83:1, 83:4, 83:5, 87:22, 87:24, 88:1, 88:2, 103:20, 104:11, 106:3, 108:22, 110:15, 110:18, 111:2,

113:11, 113:13, 114:9, 114:10, 114:14, 115:7, 115:8, 115:12, 115:13, 115:14, 115:22, 116:7, 116:8, 116:12, 116:16, 117:24, 118:3, 118:8, 125:23, 126:10, 132:6, 132:13, 134:9, 134:22, 137:4 released [9] - 19:24, 64:7, 116:8, 116:24, 127:20, 133:6, 135:2, 135:19, 135:20 releases [15] - 18:7, 20:13, 20:16, 21:6, 29:10, 35:18, 41:24, 83:3, 108:3, 112:3, 112:4, 115:11, 118:17, 133:3, 135:16 releasing [23] - 25:18, 38:14, 38:17, 39:7, 39:9, 39:11, 42:5, 42:7, 42:15, 42:16, 42:22, 43:5, 43:8, 111:3, 114:8, 115:9, 115:14, 115:15, 116:10, 116:11, 116:13, 117:17, 118:18 relevance [6] - 94:16, 95:17, 95:20, 96:16, 96:21, 97:1 relevant [13] - 15:6, 23:12. 25:3. 25:7. 25:19, 26:13, 31:4, 67:5, 71:14, 75:17, 77:16, 84:9, 111:21 reliable [3] - 31:23, 32:4, 116:24 relied [5] - 7:25, 24:9, 25:23, 31:13, 78:7 rely [23] - 24:5, 27:19, 31:5, 31:24, 65:8, 65:17, 66:12, 77:17, 77:23, 81:18, 81:23, 82:1, 83:7, 83:10, 86:10, 87:3, 90:2, 90:11, 90:19, 95:11, 96:12, 108:17, 121:4 relying [1] - 32:2 remainder [2] - 39:9, 42:16 remaining [1] - 33:9 remarkably [2] - 21:7,

132:14 remember [5] - 76:3, 111:11, 112:6, 115:19, 120:21 remind [6] - 5:19, 62:14, 105:14, 108:24. 116:22. 137:17 **Remingtons** [1] - 56:5 renders [1] - 61:19 renew [4] - 49:24, 50:2, 50:14, 50:17 renewing [1] - 101:2 repeat [1] - 117:14 replaced [1] - 113:22 reply [4] - 7:2, 7:15, 10:6, 11:22 report [20] - 7:2, 7:3, 7:15, 9:6, 10:6, 11:21, 11:22, 25:23, 71:22, 86:8, 89:24, 90:9, 94:19, 95:1, 96:4, 96:24, 97:5, 99:15, 110:3, 111:7 reporter [3] - 4:20, 6:14, 6:16 Reporter [2] - 1:25, 139:8 **REPORTER** [2] - 4:22, reporting [2] - 54:14, 54:15 reports [4] - 8:25, 9:7, 94:17, 122:2 Reppas' [1] - 69:10 representation [1] -18:20 representative [3] -4:18, 30:24, 31:20 representatives [1] -4:11 representing [2] -12:4, 12:13 represents [5] - 11:14, 57:17, 57:18, 84:2, 125:10 reproduced [1] -70:22 request [2] - 55:6, 60:8 require [2] - 16:23, 65:10 required [3] - 24:25, 71:7, 108:16 requirement [1] -39:22 requires [5] - 25:24, 69:25, 81:10, 109:21, 127:12 research [13] - 52:14,

53:4, 53:6, 53:8, 54:4, 54:9, 54:10, 54:15, 55:12, 55:19, 55:21, 56:12, 124:14 researcher [1] - 69:9 researchers [1] - 57:9 reside [2] - 111:1, 121:22 resistant [3] - 76:9, 76:21, 138:12 resonance [1] -120:10 respect [4] - 6:22, 7:7, 7:8, 11:5 respectively [1] - 31:1 respond [2] - 7:20, 7:22 responding [1] - 95:1 response [3] - 7:6, 9:11, 122:23 responsible [1] - 54:2 rest [4] - 34:9, 42:7, 76:4, 138:11 restroom [1] - 51:14 result [15] - 14:14, 17:10, 19:20, 19:24, 19:25, 23:9, 26:13, 29:15, 30:19, 61:20, 88:13, 133:2, 133:7, 135:15, 135:21 results [10] - 7:7, 24:5, 24:13, 28:11, 28:13, 34:4. 43:20. 45:9. 45:10, 88:12 resume [1] - 107:19 retained [1] - 100:12 retentive [1] - 134:7 retest [5] - 117:3, 119:23, 119:25, 122:13, 122:20 reuse [1] - 93:6 reveal [2] - 25:6, 110:14 reveals [1] - 110:15 review [2] - 47:14, 56:3 reviewed [7] - 8:17, 8:21, 8:25, 9:14, 24:10, 31:3, 79:1 revolution [1] - 64:16 revolves [2] - 29:1, 111:5 Rhode [2] - 52:25, 56:1 rid [1] - 129:8 ride [1] - 54:22

ridges [1] - 98:24

**right-hand** [1] - 11:8

rises [2] - 17:15, 60:20

risk [3] - 59:10, 91:22,

96:11 risks [2] - 94:19, 94:21 roadmap [1] - 88:10 robust [4] - 68:22, 103:22, 116:20, 117:14 robustly [1] - 49:8 role [3] - 53:19, 55:12, 57:15 roles [1] - 55:3 roller [1] - 100:18 room [4] - 4:20, 50:24, 51:6, 123:18 rosacea [14] - 13:8. 31:4, 75:22, 76:1, 76:5, 80:18, 80:21, 136:10, 137:18, 137:20, 137:23, 138:1, 138:16 Rose [1] - 4:16 **ROSE** [1] - 1:19 rose [1] - 14:13 rough [2] - 47:3, 89:1 roughage [1] - 134:14 roughly [5] - 50:7, 64:9, 64:16, 70:14, 133:12 row [1] - 117:24 **ROYALTY**[1] - 1:3 Rudnic [66] - 8:16, 16:9, 21:3, 21:15, 22:7, 22:11, 22:23, 23:7, 24:1, 25:23, 26:16, 27:4, 27:16, 28:7, 28:11, 31:19, 47:2, 49:17, 51:5, 52:3, 52:5, 52:13, 59:12, 60:4, 61:21, 62:24, 63:19, 65:7, 66:22, 68:7, 69:1, 69:24, 70:23, 71:5, 71:16, 72:14, 75:17, 78:1, 80:23, 85:10, 88:9, 97:12, 98:11, 99:24, 101:10, 102:9, 104:5, 107:2, 107:22, 109:19, 110:14, 110:17, 114:18, 117:11, 118:20, 119:3, 120:3, 121:4, 126:19, 127:10, 127:24, 130:19, 134:17, 136:8, 137:15 **RUDNIC** [3] - 2:3, 2:11, 51:4 Rudnic's [3] - 21:12, 96:22, 122:8 run [3] - 37:3, 53:25,

123:14

running [1] - 38:5

runs [2] - 67:7, 115:5

## S

**S1** [1] - 54:20 sadly [1] - 92:15 safe [1] - 41:8 safely [1] - 94:11 Safety [1] - 96:1 sales [4] - 53:21, 55:1, 55:18, 58:7 salts [1] - 64:23 sample [1] - 111:17 samples [8] - 22:5, 22:7, 44:15, 45:23, 70:11, 113:9, 123:13 Sandoz [2] - 14:24 sandwich [1] - 97:21 satisfactory[1] -22:21 save [1] - 55:7 saw [9] - 28:13, 42:5, 44:24, 92:21, 98:1, 105:5, 122:2, 126:24, 137:5 scale [16] - 12:9, 12:12, 12:17, 48:12, 53:14, 54:1, 54:13, 54:14, 56:9, 98:20, 98:23, 105:7, 123:12, 123:16, 123:18, 125:17 scale-up [4] - 54:1, 123:12, 123:16, 123:18 scanned [2] - 104:21, 107.4 scanning [3] - 22:4, 98:13, 106:7 **Schering** [1] - 54:2 Schneider [10] - 6:23, 7:10, 9:16, 47:20, 47:21, 47:23, 48:3, 69:17, 91:7, 109:12 school [1] - 53:5 science [6] - 34:19, 52:22, 56:9, 56:11, 77:12, 119:7 Science [1] - 52:24 sciences [1] - 52:25 scientific [6] - 26:4, 56:2, 60:25, 61:22, 72:14, 118:25 Scientists [1] - 56:19 scintigraphic [3] -74:14, 74:15, 127:14 scintigraphy [1] -

74:19

Scintipharma [1] -75.9 scope [3] - 7:14, 40:25. 46:6 screen [3] - 5:16, 8:13, 11:7 screens [1] - 5:17 scrubber [1] - 93:14 scrubbers [1] - 93:15 seal [2] - 97:18, 97:22 search [1] - 8:17 searches [1] - 7:8 second [12] - 7:25, 11:4, 17:16, 18:23, 18:25, 19:4, 20:21, 21:7, 46:12, 92:10, 119:21, 137:16 secondly [1] - 108:10 seconds [3] - 119:21, 120:15, 121:2 sectional [1] - 22:4 see [90] - 5:7, 6:23, 14:19, 15:22, 21:11, 22:7, 26:10, 26:19, 27:6, 33:24, 34:3, 36:12, 37:7, 38:13, 38:17, 39:3, 39:6, 40:2, 40:9, 42:5, 42:21, 43:2, 43:4, 43:6, 48:1, 48:16, 55:7, 59:8, 59:9, 70:12, 70:19, 80:8, 80:17, 80:18, 81:3, 81:11, 85:15, 85:17, 88:16, 95:19, 95:21, 97:15, 98:13, 98:14, 98:16, 98:17, 98:18, 98:20, 98:23, 99:4, 104:16, 105:2, 105:6, 105:9, 105:13, 106:8, 106:12, 106:21, 107:1. 107:16. 108:2. 111:16. 113:6. 113:7. 113:11, 114:9, 114:10, 114:12, 114:25, 115:5, 116:15, 116:20, 116:21, 117:18, 118:5, 118:8, 118:15, 121:21, 124:8, 125:6, 125:9, 125:15, 125:20, 131:21, 131:24, 132:12, 135:4, 136:11, 137:24

**seed** [1] - 36:20

113:13

seeing [2] - 103:14,

seem [2] - 9:23, 49:12 segmented [1] - 88:5 select [2] - 97:24, 104.18 selected [5] - 22:11, 102:23, 105:16, 113:12 selection [1] - 22:24 sellers [1] - 104:13 **SEM** [1] - 106:5 semi [2] - 125:2, 125:4 semi-log [2] - 125:2, 125:4 SEMs [1] - 107:4 sense [6] - 5:5, 51:19, 70:13, 70:17, 109:4, 112:22 separate [1] - 39:21 **September** [1] - 9:9 series [3] - 15:25, 31:6, 40:9 serious [3] - 35:7, 41:3, 113:23 seriously [1] - 34:16 services [1] - 55:17 Session [1] - 1:4 set [10] - 6:5, 6:9, 6:18, 23:12, 27:20, 41:14, 48:9, 61:5, 98:9, 125:2 sets [3] - 42:3, 43:25, 115:14 setting [1] - 35:15 seven [3] - 56:4, 58:16, 72:8 Seven [1] - 58:12 several [4] - 7:4, 14:10, 15:2, 47:9 shaking [1] - 51:7 Shanfelder [3] - 1:24, 139:6, 139:7 **shape** [2] - 12:17, 101:5 shellac [4] - 113:22, 113:24, 114:1, 114:4 Shire [4] - 54:8, 54:9, 54:17 short [2] - 32:22, 41:13 shortcut [1] - 89:12 shots [1] - 10:6 **shoulder** [2] - 77:19 **show** [42] - 5:16, 8:11, 17:4, 17:9, 18:2, 18:21, 18:25, 19:18, 20:4, 20:10, 20:18, 22:6, 23:13, 27:7, 27:10, 30:18, 31:6, 31:10, 31:18, 32:2, 32:5, 32:15, 32:18,

33:4, 33:18, 34:16, 38:9, 40:21, 41:1, 43:12, 65:4, 74:21, 103:2, 104:1, 104:3, 104:7, 105:20, 106:2, 111:9, 115:4, 125:12, 134:20 showed [7] - 34:5. 70:5, 70:10, 70:18, 77:7, 120:17, 127:18 showing [5] - 36:8, 45:14, 103:9, 132:4, 134.21 **shown** [12] - 75:25, 80:5, 80:15, 81:13, 81:21, 88:9, 102:8, 104:6, 115:3, 119:22, 124:16, 136.8 **shows** [8] - 22:9, 23:8, 28:20, 42:14, 45:11, 84:17, 111:10, 121:3 side [13] - 5:1, 5:8, 11:7, 11:8, 43:22, 73:3, 103:1, 112:12, 121:1, 125:14, 125:17, 125:20 sieve [1] - 89:4 significant [1] - 72:19 silico [2] - 13:25, 77:6 similar [13] - 11:20, 15:16, 16:22, 23:3, 34:12, 80:7, 81:3, 102:13, 102:15, 125:6, 126:11, 126:16, 132:15 similarities [1] - 23:5 similarity [1] - 125:25 similarly [1] - 80:21 simple [3] - 34:24, 37:13, 37:18 simplest [1] - 36:18 simply [8] - 6:22, 7:25, 11:22, 23:1, 25:13, 36:12, 38:21, 102:24 simulations [1] -13:25 single [3] - 16:15, 45:9, 73:2 singular [1] - 30:11 sit [1] - 113:5 situation [1] - 25:14 Siwik [2] - 1:20, 4:17 sizable [1] - 113:9

size [10] - 87:24, 89:4,

89:5, 89:7, 89:9,

102:10, 102:12,

102:13, 102:15,

sized [1] - 23:3

123:1

sizes [1] - 89:4 skeptical [1] - 94:24 skewed [2] - 101:15, 101.17 skill [4] - 65:8, 71:13, 77:9, 77:10 skilled [3] - 36:16, 36:23, 40:17 skin [3] - 75:23, 137:20, 138:2 skip [1] - 136:5 slide [43] - 11:5, 20:7, 21:2, 22:10, 24:21, 26:9, 26:10, 26:15, 27:3, 27:23, 28:10, 35:9, 38:21, 42:20, 43:25, 47:25, 48:1, 48:2, 48:17, 63:10, 70:23, 80:5, 80:15, 81:12, 81:21, 82:23, 83:21, 84:5, 85:24, 86:20, 99:24, 101:10, 102:8, 104:5, 106:5, 114:23, 115:17, 127:10, 131:14, 131:19, 132:20, 134:20 Slide [32] - 6:22, 6:24, 11:5, 11:11, 25:21, 35:10, 36:4, 36:19, 36:24, 37:12, 39:3, 40:3, 40:9, 41:21, 42:19, 42:20, 43:3, 43:13, 48:3, 48:14, 49:25, 50:13, 71:4, 88:7, 88:9, 109:8, 109:19, 114:19, 136:8, 136:20, 137:4, 137:16 slides [3] - 32:10, 47:21, 47:24 slight [1] - 74:8 slightly [4] - 81:2, 116:2, 130:6, 130:10 **Slip** [1] - 1:16 slip [1] - 51:14 slope [1] - 101:5 slow [5] - 120:15, 120:16, 120:19, 121:1, 133:23 **slower** [3] - 133:25, 134:2, 134:5 **slowly** [2] - 64:15, 111:5 small [8] - 54:4, 57:20, 67:22, 73:13, 73:17, 74:1, 74:23, 99:2 smaller [1] - 44:17 **smart** [1] - 58:19

smarter [1] - 134:11 **smelled** [1] - 91:20 **smells** [1] - 91:19 so-called [8] - 18:7, 18:9, 20:17, 27:14, 31:24, 33:4, 117:16, 127:18 solely [5] - 24:6, 24:9, 31:8, 31:17, 96:20 **solid** [4] - 56:7, 63:8, 100:8, 100:11 solidifies [1] - 117:16 **solids** [1] - 100:10 soluble [1] - 115:9 solution [3] - 62:1, 113:2, 116:3 solvent [6] - 21:13, 21:16, 21:17, 93:6, 97:25, 113:3 solvents [2] - 22:3, 98:9 someone [5] - 58:16, 93:16, 94:8, 112:21, 120:4 sometime [1] - 51:11 someway [1] - 33:8 somewhat [3] - 67:16, 133:25, 138:10 somewhere [1] -27:14 soon [2] - 58:1, 76:15 sorry [6] - 30:23, 38:24, 47:25, 48:17, 67:13, 138:19 sort [1] - 70:19 sorts [4] - 76:21, 106:14, 138:12, 138:18 space [1] - 98:6 speaking [1] - 101:19 special [1] - 37:15 specific [3] - 13:16, 76:13, 127:12 specifically [5] -13:13, 18:25, 25:6, 96:19, 100:7 specifications [1] -57:10 specified [1] - 74:17 speckling [2] -106:13, 106:21 specs [1] - 98:19 speculation [3] -48:19, 49:2, 122:21 speech [1] - 101:21 spell [1] - 52:6 spend [1] - 128:21 spends [2] - 128:6

spent [1] - 53:6

sphere [2] - 88:19,

101:23 spheres [2] - 89:2, 89:6 spherical [2] - 89:1, 89:8 spike [1] - 68:19 **spots** [1] - 119:19 spray [7] - 36:20, 37:14, 37:21, 93:4, 93:5, 123:3, 123:8 **spraying** [2] - 100:15, 100:18 sprung [1] - 96:25 **squarely** [1] - 33:17 **Squibb** [2] - 53:10, 91:25 squished [1] - 105:24 stack [2] - 93:2, 93:14 stacking [2] - 97:20, 98:1 stage [10] - 21:8, 22:12, 22:24, 39:5, 88:19, 91:16, 97:16, 97:17, 104:8, 104:9 stages [2] - 38:1, 88:18 stand [2] - 10:18, 16:21 standard [13] - 22:20, 35:14. 35:15. 38:8. 41:19, 43:18, 56:4, 66:22, 66:24, 117:11, 125:1, 126:6, 128:7 standards [2] - 57:10, 78:12 stands [1] - 91:12 **stark** [1] - 43:2 **Stark** [4] - 14:9, 15:9, 15:20, 84:1 Stark's [1] - 82:13 starker [1] - 15:12 start [26] - 13:2, 35:25, 36:17, 48:21, 51:23, 54:17, 59:10, 67:15, 68:12, 69:4, 70:13, 71:11, 75:25, 76:3, 76:20, 88:19, 89:7, 97:15, 101:23, 104:23, 112:15, 112:17, 113:16, 114:7, 114:8 started [8] - 48:14, 48:15, 53:4, 54:19, 71:10, 92:8, 100:2, 105:4 **starting** [6] - 5:2, 5:6, 43:8, 52:21, 61:23, 89:9 starts [9] - 38:2, 47:8,

56:7, 59:10, 79:16,
111:19, 113:16,
113:20, 131:22
state [14] - 26:11,
28:12, 29:8, 29:11,
30:5, 39:25, 52:3,
57:17, 75:20, 79:19,
81:16, 92:9, 133:4
<b>statement</b> [7] - 5:8,
5:12, 5:23, 35:10,
41:4, 50:21, 78:2
statements [3] - 7:11,
60:17, 108:11
States [7] - 4:2, 21:14,
35:16, 57:2, 62:15,
92:25, 96:18
states [2] - 17:24, 92:8
<b>STATES</b> [1] - 1:1
stating [1] - 8:18
statistically [1] - 126:4
status [1] - 130:19
stay [1] - 76:10
steady [8] - 29:8,
29:11, 39:25, 75:20,
79:19, 81:16, 87:14,
133:4
step [1] - 46:7
-
STEPHANOS[1] - 1:7
sterile [1] - 53:14
stick [3] - 55:18,
106:16, 106:17
<b>still</b> [5] <b>-</b> 53:20, 55:21,
103:14, 117:5,
127:16
stirrer [1] - 111:4
stirs [1] - 64:15
stomach [39] - 7:1,
7:5, 7:8, 7:24, 25:16,
25:17, 26:5, 27:8,
37:16, 64:9, 64:17,
64:19, 64:20, 64:21,
64:24, 65:3, 67:2,
67:3, 67:6, 67:15,
67:18, 67:21, 68:22,
69:2, 70:4, 71:14,
73:10, 73:11, 73:19,
73:21, 111:1, 111:2,
111:21, 112:4,
117:18, 128:3,
129:25
<b>stop</b> [3] - 40:1, 40:4,
120:23
straight [1] - 136:20
etrango (4) 111.6
strange [1] - 111:6
strange [1] - 111:6 stratified [1] - 22:7
stratified [1] - 22:7
stratified [1] - 22:7 stream [1] - 87:14
stratified [1] - 22:7 stream [1] - 87:14 streams [1] - 124:2
stratified [1] - 22:7 stream [1] - 87:14 streams [1] - 124:2 Street [4] - 1:9, 1:13,
stratified [1] - 22:7 stream [1] - 87:14 streams [1] - 124:2
stratified [1] - 22:7 stream [1] - 87:14 streams [1] - 124:2 Street [4] - 1:9, 1:13,

```
110:25, 111:22,
 113:7
strict [1] - 95:19
strictly [1] - 101:19
strike [1] - 91:14
strong [1] - 50:24
structural [1] - 30:11
structure [1] - 56:13
student [3] - 70:8,
 120:5
students [1] - 70:6
studies [10] - 25:25.
 28:12. 54:11. 54:12.
 71:6. 74:15. 74:18.
 74:22, 126:9, 127:13
study [14] - 13:22,
 26:10, 26:11, 54:11,
 70:9, 71:23, 74:15,
 75:9, 86:8, 110:3,
 110:4, 124:25,
 126:23, 127:14
stuff [3] - 53:17,
 76:21, 106:14
SUB [1] - 1:3
subject [11] - 7:14,
 24:19, 49:25, 50:16,
 56:6, 60:9, 69:17,
 71:8, 72:5, 81:16,
 95:22
subject's [3] - 29:8,
 29:11, 133:4
subjects [1] - 71:14
submit [7] - 16:2.
 32:18, 34:18, 34:24,
 46:3, 48:20, 124:6
submitted [13] - 24:2,
 24:10, 24:14, 25:5,
 26:18, 26:20, 28:19,
 42:10, 42:12, 44:2,
 45:12, 122:14, 124:5
subsequent [1] - 9:18
subset [10] - 22:13,
 22:21, 33:5, 33:6,
 33:23, 34:2, 34:8,
 34:13, 43:23
substance [4] - 5:19,
 10:2, 25:10, 126:10
substantial [1] - 28:17
substantially [10] -
 19:19. 19:20. 20:6.
 27:23. 38:18. 133:1.
 133:2, 135:14,
 135:15
substantiated [1] -
 48.7
substantively [1] -
 5:14
subtherapeutic [2] -
 138:6, 138:7
```

succeed [1] - 94:13

succeeded [2] - 25:1, 134:11 successful [1] - 53:20 suck [1] - 134:1 **suffers** [2] - 137:23, 138.1 **suffice** [1] - 32:16 **sufficient** [1] - 6:13 sugar [7] - 36:20, 88:18, 88:19, 88:22, 89:2, 97:16, 97:23 suggest [2] - 33:7, 137:25 suggested [1] - 49:10 Suite [1] - 1:20 **sum** [1] - 19:6 **summarize** [1] - 59:20 summarized [1] -60:16 summary [3] - 36:5, 60:14, 89:18 **Sun** [19] - 15:15, 15:16, 15:17, 16:3, 18:1, 29:19, 29:22, 29:23, 30:3, 30:11, 35:1, 35:7, 35:13, 45:7, 81:23, 82:6, 83:1, 83:13, 83:24 Sun's [1] - 15:20 **Sunovion** [1] - 24:16 **superbugs** [1] - 76:9 superficial [1] - 15:22 superficially [2] -15:10, 15:16 superinfection [3] -76:6, 76:21, 138:12 **support** [3] - 33:12, 34:8, 85:10 supported [2] - 34:22, 119:7 supports [4] - 26:18, 27:5, 29:5, 29:22 supposed [4] - 12:17, 47:7, 111:22, 115:8 **suppress** [1] - 56:14 surface [3] - 98:6, 99:9, 133:15 surfaces [1] - 98:8 surprising [2] - 26:3, 26:22 suspensions [1] -53:17 swallowing [2] -67:19, 67:20 swear [2] - 47:15, 51:2 switched [1] - 92:5 switches [1] - 38:16 sworn [1] - 51:4 **synonym** [1] - 74:5 synopsis [1] - 71:22

systems [1] - 56:8 Т **Tab** [14] - 59:15, 62:4, 82:4, 89:13, 89:20, 90:5, 90:13, 95:6, 99:12, 107:2, 109:25, 119:9, 126:20, 130:22 tab [12] - 63:4, 65:12, 66:2, 69:6, 71:17, 75:5, 84:19, 86:5, 86:22, 89:20, 90:5, 96:8 table [1] - 4:9 tablet [1] - 15:17 tablets [2] - 53:16, 56.7 tabs [1] - 78:19 talc [10] - 98:17, 98:19, 99:6, 106:13, 106:16, 106:20, 106:22, 106:24, 106:25 talks [3] - 73:7, 80:21, 80:22 TCD [1] - 1:3 teach [3] - 32:20, 32:22, 36:16 teaches [2] - 37:11, 37:23 teachings [1] - 32:25 team [2] - 4:10, 55:1 tech [3] - 5:14, 57:3, 57:5 Tech [2] - 57:14, 57:15 technically [3] - 82:18, 83:18, 122:4 technician [1] - 91:25 Technologies [1] -55:10 technology [5] - 55:9, 120:10 tend [2] - 133:16, 133:24 tends [1] - 106:15 tens [1] - 119:21 tentative [1] - 131:2 tentatively [3] - 13:11, 20:3, 130:21 term [12] - 29:4, 29:6, 29:25, 30:8, 30:10, 82:24, 82:25, 83:25 terms [15] - 18:9, 19:25, 30:4, 50:20, 61:17, 66:8, 78:13, 81:8, 84:7, 89:5,

89:8, 102:10, 124:10, 126:10, 129.19 test [104] - 23:10, 23:11, 25:13, 25:19, 25:20, 26:17, 26:20, 27:5. 28:1. 32:1. 32:23. 34:2. 34:3. 34:25, 35:6, 35:12, 35:14, 35:16, 35:18, 37:1, 37:3, 37:4, 37:5, 37:6, 37:24, 37:25, 38:1, 39:2, 39:5, 39:10, 42:3, 44:5, 44:6, 44:8, 44:13, 44:14, 45:5, 45:6, 45:7, 45:8, 45:21, 45:23, 45:24, 46:2, 50:19, 50:22, 61:5, 62:10, 64:1, 67:7, 68:11, 68:13, 68:23, 69:1, 70:1, 70:2, 71:11, 72:8, 104:25, 105:1, 105:8, 105:14, 105:16, 105:17, 108:19, 109:22, 110:19, 110:22, 110:25, 111:4, 111:12, 111:13, 111:15, 111:22, 112:3, 112:15, 113:8, 114:5, 114:11, 115:4, 115:19, 115:20, 115:21, 116:16, 117:12, 118:3, 118:12, 118:16, 119:15, 123:1, 126:14 tested [16] - 13:23, 14:3, 33:22, 33:23, 36:22, 37:7, 43:12, 44:7, 44:16, 44:23, 55:10, 55:13, 57:18, 45:18, 45:22, 66:25, 70:3, 117:12, 122:18 testified [5] - 24:22, 24:24, 110:19, 117:17, 135:1 testify [10] - 21:3, 21:9. 21:15. 22:7. 22:11. 28:11. 44:19. 102:22, 103:16, 109:12 29:20, 29:21, 29:24, testifying [5] - 48:25, 49:19, 94:21, 110:20, 127:22

testimony [14] - 8:7,

16:9, 21:12, 23:22,

50:14, 50:15, 52:9,

66:12, 103:9, 109:10, 122:4, 126:3, 129:10, 132:8 <b>testing</b> [47] - 13:25, 16:10, 23:12, 24:5, 24:13, 33:18, 33:24, 33:25, 34:5, 34:23, 38:12, 42:14, 44:11, 44:12, 46:13, 46:15, 53:12, 60:5, 61:3, 61:4, 61:24, 62:24, 63:8, 63:20, 63:24, 64:14, 65:9, 65:11, 66:9, 66:10, 66:23, 67:4, 68:8, 68:20, 70:4, 71:10, 71:11, 104:20, 104:22,
104:23, 109:24,
114:7, 114:15,
122:16, 122:19,
124:7
tests [21] - 17:10,
38:4, 38:8, 41:19,
41:20, 42:12, 42:25,
43:18, 45:12, 64:4,
64:5, 64:6, 64:7,
110:20, 114:5,
114:15, 118:10,
118:14, 123:14
tetracyclines [1] -
138:3
Texas [3] - 52:15,
55:9, 120:6
text [3] - 11:8, 11:9,
11:13
textbooks [1] - 56:4
thankfully [1] - 92:3
THE [347] - 1:1, 1:7,
1:12, 1:15, 1:18,
1:22, 4:2, 4:13, 4:19,
4:22, 4:23, 5:13,
5:25, 6:2, 6:6, 6:8,
6:12, 6:16, 6:17,
6:18, 6:20, 7:19, 8:5,
8:14, 9:6, 9:10, 9:16,
9:23, 10:10, 10:16,
10:21, 10:24, 11:11,
11:16, 12:6, 12:8,
12:20, 13:1, 14:5,
14:15, 14:21, 15:3,
16:6, 16:19, 17:15,
17:20, 18:13, 19:10,
19:21, 25:10, 27:22,
28:5, 28:9, 32:11,
32:13, 38:4, 41:5,
43:22, 46:17, 46:24, 47:3, 47:11, 47:17,
47:3, 47:11, 47:17, 47:20, 47:25, 48:5,
48:7, 48:11, 48:16,
48:19, 48:25, 49:10,
TO. 10, TO.20, TO. 10,

```
49:20, 50:5, 50:19,
51:2, 51:5, 51:23,
51:25, 58:21, 58:23,
59:25, 60:2, 60:8,
60:12, 62:14, 62:15,
62:19, 62:21, 63:14,
63:16, 64:12, 64:13,
65:22, 65:24, 66:17,
66:19, 67:11, 67:13,
67:14, 67:15, 67:18,
67:19, 67:20, 67:21,
67:23, 67:24, 67:25,
68:1, 69:16, 69:21,
72:4, 72:8, 72:10,
72:11, 72:12, 73:9,
73:12, 73:13, 73:15,
73:16, 73:18, 73:20,
73:21, 74:1, 74:3,
74:5, 74:7, 75:14,
76:8, 76:10, 79:6,
79:8, 82:11, 82:13,
82:16, 83:15, 85:5,
85:7, 85:19, 85:23,
86:3, 86:15, 86:17,
87:8, 87:10, 87:12,
87:18, 87:23, 88:3,
88:22, 88:24, 90:24,
91:2, 91:6, 92:6,
92:7, 92:11, 92:13,
92:14, 92:15, 92:24,
93:1, 93:3, 93:4,
93:9, 93:11, 93:16,
93:18, 93:20, 93:21,
94:5, 94:10, 94:23,
95:16, 95:21, 96:1,
96:5, 96:23, 97:4,
99:1, 99:3, 99:19,
99:21, 100:13,
100:15, 100:16,
100:17, 100:19,
100:22, 101:3,
101:12, 101:15,
101:17, 101:18,
101:19, 101:22,
101:24, 102:1,
102:6, 102:25,
103:2, 103:4, 103:5,
103:12, 103:18,
103:23, 104:1,
104:3, 105:11,
105:12, 105:18,
105:19, 105:23,
106:1, 107:10,
107:12, 107:14,
107:19, 109:16,
110:11, 111:6,
111:9, 111:23,
111:24, 111:25,
112:2, 112:19,
112:20, 112:21,
113:1, 113:18,
```

```
113:19, 113:24,
 113:25, 115:23,
 116:2, 116:5, 116:6,
 116:14, 116:15,
 116:18, 116:19,
 117:4, 117:7,
 117:20, 117:22,
 117:23, 118:2,
 118:5, 118:7,
 118:12, 118:13,
 119:10, 119:12,
 121:9, 121:11,
 122:3, 122:9,
 122:12, 122:21,
 122:22, 123:2,
 123:5, 123:13,
 123:15, 123:21,
 123:23, 124:1,
 124:4. 124:18.
 124:22, 125:12,
 125:14, 125:16,
 125:19, 125:25,
 126:2, 126:13,
 126:15, 126:17,
 127:5, 127:7,
 127:24, 128:4,
 128:5, 128:9,
 128:11, 128:12,
 128:14, 128:17,
 128:18, 128:19,
 128:20, 128:22,
 128:23, 128:24,
 129:2, 129:4, 129:5,
 129:6, 129:10,
 129:12, 129:13,
 129:15, 129:17,
 129:24, 129:25,
 130:2, 130:4, 130:6,
 130:8, 130:9,
 130:12, 130:14,
 130:15, 130:17,
 131:9, 131:11,
 131:25, 133:10,
 133:14, 133:20,
 133:22, 134:3,
 134:6, 134:13,
 134:15, 136:5,
 136:15, 136:17,
 136:18, 136:23,
 136:24, 137:2,
 137:3, 137:7, 137:8,
 137:11, 137:12,
 137:20, 137:22,
 138:5, 138:7,
 138:13, 138:15,
 138:19
themselves [1] - 115:2
theories [2] - 11:23,
 34.19
theory [20] - 11:14,
```

19:23, 33:5, 33:6,

33:19, 33:22, 33:23, 34:1, 34:8, 34:10, 34:11, 44:4, 44:14, 45:1, 45:3, 45:17, 45:21, 45:25, 119:11, 119:23 therapeutic [2] -13:17. 59:9 thereafter [2] - 39:9, 42:8 they've [2] - 14:4, 44:11 thick [3] - 103:21, 105:16, 106:15 thickness [1] - 22:18 thin [6] - 19:24, 21:8, 108:4, 108:6, 133:6, 135:19 thinnest [1] - 23:8 third [3] - 15:25, 20:25, 46:14 thirds [1] - 118:1 thousands [2] - 34:1, 44:7 threatening [1] - 76:7 three [2] - 54:5, 54:7 thresholds [1] - 13:16 throughout [1] - 64:5 throw [1] - 45:13 thrown [1] - 73:3 Tigan [1] - 4:7 TIGAN [2] - 1:12, 4:6 tight [2] - 76:18, 89:5 timeline [1] - 11:1 timelines [1] - 27:25 timer [1] - 13:2 timing [1] - 30:2 TO [3] - 2:1, 2:13, 3:1 today [11] - 4:8, 4:15, 40:10, 52:9, 53:21, 55:16, 59:13, 60:24, 92:23, 127:22, 132:8 together [5] - 16:21, 18:21, 28:18, 28:22, 54:7 took [9] - 34:1, 44:22, 54:20, 55:6, 71:9, 71:10, 105:7, 108:18, 120:16 top [6] - 33:22, 34:15, 49:6, 98:9, 98:15, 103:10 topic [3] - 51:19, 72:14, 77:8 total [4] - 19:6, 19:7, 109:5. 127:19 touch [1] - 41:1 touched [1] - 95:21 tough [1] - 112:10

towards [1] - 70:20

toxic [1] - 21:13 toxicity [3] - 59:8, 91:23, 91:24 toxicology [1] - 59:4 trace [1] - 93:18 track [1] - 23:2 tract [10] - 67:12, 67:17, 72:18, 73:7, 73:23, 74:20, 115:21, 118:9, 133:25, 134:4 traded [2] - 55:4, 57:16 transcript [5] - 8:10, 8:12, 9:13, 139:3 transforms [1] - 34:22 transit [2] - 67:8, 67:16 transitioning [1] -51:19 transits [1] - 67:11 translate [1] - 28:6 translates [2] - 36:14, 41:16 treat [2] - 49:12, 94:11 treating [4] - 31:3, 80:18, 80:21, 136:10 treatment [6] - 13:7, 30:23, 75:22, 80:24, 81:6, 137:18 trial [7] - 5:1, 13:13, 14:9, 14:11, 70:6, 83:13 **Trial** [2] - 1:4, 1:5 trials [1] - 55:15 tried [3] - 15:9, 16:15, 39:24 triggering [1] - 138:17 true [4] - 43:19, 63:25, 64:8, 130:13 truth [1] - 34:24 try [8] - 8:6, 45:20, 51:23, 63:23, 88:25, 89:11, 93:14, 109:11 trying [8] - 10:24, 68:18, 94:11, 102:2, 102:4, 110:22, 110:23, 115:23 tube [2] - 70:11, 111:4 Tuesday [1] - 4:1 Tunnell [1] - 1:12 turn [20] - 55:17, 59:15, 62:3, 63:4, 65:12, 66:2, 69:6, 71:16, 80:5, 82:23, 86:5, 86:21, 89:12, 89:20. 90:5. 95:5. 96:8, 99:12, 101:25, 107:2 twice [1] - 109:13

two [33] - 5:10, 6:13, 10:6, 11:6, 11:23, 11:24, 16:22, 17:2, 21:5, 21:9, 30:23, 38:1, 39:5, 42:3, 43:24, 49:23, 54:23, 55:14. 60:16. 91:14. 96:17. 97:2. 103:10. 104:20, 108:9, 118:1, 119:21, 121:2, 123:5, 125:6, 125:7, 126:5, 129:7 two-stage [1] - 39:5 two-thirds [1] - 118:1 type [4] - 18:20, 18:25, 75:23, 113:3 types [1] - 97:21 typically [6] - 23:16, 64:25, 67:7, 70:15, 117:13, 130:10

## U

**U.S**[1] - 1:8 ultimate [1] - 50:19 ultimately [6] - 19:9, 54:24, 55:4, 55:15, 68:5, 76:6 unchallenged [3] -42:13, 43:20, 45:12 uncommon [1] - 59:2 under [25] - 5:11, 7:24, 8:5, 15:8, 15:14, 15:21, 17:5, 20:8, 20:11, 24:15, 24:18, 26:5, 30:15, 40:24, 46:6, 47:7, 55:6, 62:1, 78:4, 126:4, 132:21, 134:18, 135:7, 136:2, 136:12 undergraduate [1] -52:21 underneath [1] - 99:7 understood [10] -48:12, 50:11, 51:1, 64:12, 88:5, 117:7, 122:11, 124:19, 130:17, 132:2 undisputed [5] -28:14, 42:17, 110:16, 132:15, 135:24 undue [1] - 31:15 unexpected [1] -116:25 unfortunate [1] - 70:6 unfortunately [1] -70.5 **UNI** [1] - 58:14

UNI-DUR [1] - 58:14

119:18, 119:19, 121:22 unique [2] - 13:14, 55:10 unit [3] - 36:10, 88:16, 116:24 **UNITED** [1] - 1:1 United [7] - 4:2, 21:14, 35:16, 57:2, 62:15, 92:25, 96:18 University [5] - 52:25, 55:25, 56:1, 66:6, 120:6 unless [1] - 47:22 unlike [3] - 97:20, 98:12, 132:9 unnecessary [1] -93:23 unobtrusively [1] -51:15 unreasonable [2] -91:22, 96:11 unreliable [1] - 24:13 unscathed [1] - 14:7 unstable [1] - 108:6 untimely [1] - 9:10 unusual [1] - 37:2 **up** [39] - 4:24, 5:7, 6:5, 6:9, 9:24, 11:7, 18:19, 19:11, 27:1, 36:8, 38:2, 40:21, 44:3, 47:11, 51:7, 54:1, 54:13, 56:9, 68:14, 70:20, 83:10, 92:7, 98:9, 105:5, 107:16, 111:13, 112:15, 113:16, 115:25, 119:6, 123:12, 123:16, 123:18, 124:8, 128:23, 129:18, 134:9 upper [1] - 73:6 URL [1] - 95:25 **US**[4] - 35:14, 54:9, 57:23, 78:5 useful [2] - 88:22, 112:3 uses [5] - 22:3, 23:5, 24:1, 25:13, 33:15 USP [9] - 45:7, 57:6, 61:23, 62:9, 62:14, 64:1, 78:12, 111:3, 120:22

uniform [4] - 88:24,

## V

109:5

vacuum [1] - 93:11 vague [1] - 46:17

valid [1] - 10:22 validated [1] - 55:13 values [3] - 26:22, 69:2 variability [1] - 27:19 variance [2] - 39:18, 40:18 variation [1] - 84:3 variations [1] - 56:13 varies [1] - 68:3 variety [1] - 61:1 various [5] - 56:21, 56:23, 77:20, 118:9 varnished [1] - 114:2 vary[1] - 123:16 venture [2] - 54:19, 55:2 vernacular [1] -124:24 version [2] - 59:19, 119:13 versions [1] - 133:18 versus [2] - 4:4, 122:24 vessel [2] - 64:14, 121:22 vessels [2] - 120:21, 120:25 viable [1] - 16:2 vice [3] - 46:9, 54:3, 57:3 view [5] - 9:3, 48:21, 97:22, 101:13, 132:9 virtually [4] - 21:14, 28:13, 37:9, 61:12 visualizes [1] - 12:9 visually [1] - 12:13 vitro [30] - 23:10, 25:7, 26:16, 27:5, 27:25, 28:3, 28:6, 31:8, 31:12, 31:16, 31:20, 38:4, 61:2, 61:4, 61:23, 61:24, 62:24, 63:19, 64:4, 65:8, 66:10, 68:7, 104:20, 104:22, 104:23, 108:18, 117:12, 118:5, 124:4, 124:12 VIVIAN [1] - 2:7 Vivian [2] - 46:12, 78:14 vivo [10] - 25:9, 31:4, 66:9, 66:11, 108:20, 118:6, 118:8, 124:2, 125:25, 132:14 voir [1] - 60:8 volume [2] - 70:15,

W waived [1] - 49:25 walk [7] - 20:9, 60:23, 79:15, 85:14, 85:24, 114:23, 131:19 walked [1] - 14:24 wall [2] - 98:3, 99:8 wants [3] - 5:8, 113:6, 114.6 Washington [1] - 92:9 waste [1] - 129:8 water [21] - 25:17, 25:25, 26:1, 26:12, 70:1, 70:15, 71:8, 71:10, 92:4, 92:5, 93:22, 93:24, 97:17, 97:18, 97:24, 100:9, 100:11, 109:2, 109:22, 113:3, 128:2 water-based [4] -92:5, 93:22, 93:24, 97:18 wax [1] - 98:4 ways [1] - 124:13 weak [12] - 19:24, 20:20, 21:10, 22:13, 33:16, 50:7, 88:11, 103:7, 108:4, 108:5, 133:7, 135:19 weakly [2] - 20:22, 49:8 weakly-designed [1] -20:22 weave [1] - 98:10 website [5] - 61:23, 62:9, 65:15, 95:10, 95:25 wedge [1] - 109:11 weekend [1] - 113:9 weight [31] - 21:8, 22:12, 22:14, 22:24, 23:5, 23:6, 23:8, 23:16, 31:15, 50:10, 91:15, 97:6, 97:7, 99:25, 100:1, 100:3, 100:5, 102:13, 102:16, 102:17, 104:8, 104:9, 104:14. 104:18. 105:4. 106:9. 106:11, 106:12, 107:1, 113:12, 132:10 weights [2] - 49:5, 49:13 welcome [1] - 130:17 well-known [1] - 16:13 West [1] - 1:20

whatsoever [2] -

38:15, 44:12 whereas [3] - 22:8, 27:8, 30:11 wherein [2] - 132:7, 134:22 whispered [1] - 94:8 white [1] - 98:19 whole [7] - 36:1, 64:17, 106:19, 121:18, 121:19, 123:18, 134:8 wide [2] - 49:7, 70:12 width [1] - 12:21 wiggle [1] - 123:17 William [1] - 32:8 WILLIAM [1] - 1:18 Williams [1] - 120:7 Williams' [1] - 120:5 Wilmington [3] - 1:14, 1:23, 4:7 wind [2] - 9:24, 51:7 window [17] - 13:22, 61:10, 72:15, 72:21, 72:24, 73:5, 74:11, 74:12, 74:13, 75:3, 75:17, 76:14, 76:18, 76:19, 76:24, 108:21, 127:12 windows [1] - 134:10 wired [2] - 94:11, 94:13 withdraw [1] - 12:24 witness [22] - 5:5, 5:6, 23:23, 47:12, 47:15, 48:25, 49:1, 51:3, 59:12, 62:3, 65:12, 69:6, 71:16, 75:5, 78:20, 82:4, 84:19, 89:13, 95:5, 109:25, 119:9, 126:19 WITNESS [102] - 2:2, 51:23, 58:23, 62:15, 64:13, 67:13, 67:15, 67:19, 67:21, 67:24, 68:1, 72:10, 72:12, 73:12, 73:15, 73:18, 73:21, 74:3, 74:7, 76:10, 88:24, 92:7, 92:13, 92:15, 93:1, 93:4, 93:11, 93:18, 93:21, 94:10, 99:3, 100:15, 100:17, 100:22, 101:15, 101:18, 101:22, 102:1, 103:2, 103:5, 103:18, 104:1, 105:12, 105:19, 106:1, 111:9, 111:24, 112:2, 112:20, 113:1,

113:19, 113:25, 116:2, 116:6, 116:15, 116:19, 117:7, 117:22, 118:2, 118:7, 118:13, 119:12, 122:12, 122:22, 123:5, 123:15, 123:23, 124:4, 124:22, 125:14, 125:19, 126:2, 126:15, 128:4, 128:9, 128:12, 128:17, 128:19, 128:22, 128:24, 129:4, 129:6, 129:12, 129:15, 129:24, 130:2, 130:6, 130:9, 130:14, 130:17, 133:14, 133:22, 134:6, 134:15, 136:17, 136:23, 137:2, 137:7, 137:11, 137:22, 138:7, 138:15 witnesses [3] - 7:20, 46:8, 46:18 **WITNESSES** [1] - 2:1 woman [1] - 77:20 won [1] - 54:24 wonderful [1] - 46:17 word [6] - 7:3, 12:7, 35:9, 80:8, 80:9, 81:14 words [6] - 84:3, 108:23, 113:3, 113:4, 116:8, 120:11 worker [1] - 93:8 workers [2] - 94:19, 94:22 works [4] - 13:9, 20:5, 77:22, 124:2 world [1] - 10:10 worried [1] - 104:17 worst [2] - 67:1, 68:12 wow [2] - 98:1, 120:23 wrapped [1] - 5:7 written [1] - 120:4

# X

**XR** [6] - 16:13, 54:5, 58:14, 104:13, 104:14, 113:8

## Υ

year [2] - 53:1, 53:4 years [12] - 54:3, 54:16, 54:20, 54:25, 55:20, 61:11, 68:25, 73:3, 77:14, 77:15, 77:19, 114:13

yellow [2] - 27:13, 36:5

York [2] - 1:17, 53:7

young [1] - 57:9

yourself [1] - 123:14

# Ζ

zero [2] - 71:10, 93:19